# OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.

3D-025-28350

5. Indicate Type of Lease

| FED | | STATE | X | FEE | |

6. State Oil & Gas Lease No

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101 FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

S Hobbs
GRAYBURG/SAN ANDRES Unit

1. Type of Well:

Oil Well [X]   Gas Well [ ]   Other   INJECTOR

8. Well No.   147

2. Name of Operator

ALTURA ENERGY LTD.

3. Address of Operator

1710 WEST STANOLIND RD, HOBBS, NM 88240          505/397-8200

9. Pool name or Wildcat
HOBBS   GB/SA

4. Well Location

Unit Letter   C     70     Feet From The   NORTH   Line and   2570   Feet From The   WEST   Line

Section   9          Township   19-S          Range   38-E   NMPM          LEA   County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3602' GL

11.          Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

### NOTICE OF INTENTION TO:

| | | | | |
|---|---|---|---|---|
| PERFORM REMEDIAL WORK | [ ] | PLUG AND ABANDON | [ ] | |
| TEMPORARILY ABANDON | [ ] | CHANGE PLANS | [ ] | |
| PULL OR ALTER CASING | [ ] | | | |
| OTHER: | | | [ ] | |

### SUBSEQUENT REPORT OF:

| | | | |
|---|---|---|---|
| REMEDIAL WORK | [ ] | ALTERING CASING | [ ] |
| COMMENCE DRILLING OPNS. | [ ] | PLUG & ABANDONMENT | [ ] |
| CASING TEST AND CEMENT JOB | [ ] | | |
| OTHER:   TEMPORARY ABANDON | | | [X] |

12. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

Test Date:   11/11/98

Pressure reading: Initial 560 psi; 15 min. - 560 psi; 30 min. - 560 psi.

Length of time pressure held:   30 min.

Test Witnessed:   No

This Approval ... ... ...
... ... ... ... ...          12-21-2003

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE   *Robert N. Gilbert*          TITLE   LIFT SPECIALIST          DATE   12/24/98

TYPE OR PRINT NAME   R.N. GILBERT          TELEPHONE NO.   505/397-8206

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

DEC 2 1 1998

well Tx PA
CIBP set AT
4075'

SHU 147

Joe mitchell
11-11-1998