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C. CONSZAVATION DIVISION

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

WELL API NO.	025	7832	4
5. Indicate Type of	Lease		
EED	STATE T	V BEE	٦

P.O. Box 1980, Hobbs, NM 88240		Trail, Room 206 Mexico 87503	WELL API NO. 30-025-28354
			5. Indicate Type of Lease
			FED STATE X FEE
			6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON WI	ELLS	
(DO NOT USE THIS FORM FOR PRO			7. Lease Name or Unit Agreement Name
	VOIR. USE "APPLICATION FOR PI C-101 FOR SUCH PROPOSALS.)	ERMIT"	SOUTH HOBBS UNIT
1. Type of Well:			
Oil Well X 2. Name of Operator	Gas Well Other		8. Well No. 151
ALTURA ENERGY LTD.			6. Well 10. 131
3. Address of Operator 1710 WEST STANOLIND RD, HOBI	RS NM 88240	505/397-8200	9. Pool name or Wildcat GRAYBURG SAN ANDRES
4. Well Location	70, TWY 00240	003/377-0200	GRATBORG SALVARDRES
SUT Unit Letter B 710	Feet From The NORTH	Line and 2410 Feet	From The <u>EAST</u> Line
Section 10	Township 19-S	Range 38-E	NMPM LEA County
	10. Elevation (Show whether DF, 1 3603' GL	RKB, RT GR, etc.)	
11. Check NOTICE OF INTE	Appropriate Box to Indicate NENTION TO:		Other Data EQUENT REPORT OF:
PERFORM REMEDIAL	PLUG AND	REMEDIAL WORK	ALTERING CASING
WORK TEMPORARILY ABANDON	ABANDON CHANGE PLANS	COMMENCE DRILLING OPM	NS. PLUG & ABANDONMENT
PULL OR ALTER CASING	CHANGE FLANS	CASING TEST AND CEMEN	
OTHER:		OTHER: TEMPORARY	
12. Describe Proposed or Completed Operat	ions (Clearly state all partinent details		
work) SEE RULE 1103.	ions (cieuriy saire an perimem aeums	, was give permient dutes, increas	ng committee danc of sharing any proposed
PULL OUT OF HOLE WITH PRODU	CTION EQUIPMENT.		
RIH W/5.5" CSG SCRAPER TO 4275 SET 5.5" CIBP @ 4250'. (TOP PERF			
TEST CSG TO 500 PSI FOR 30 MIN	AND CHART FOT THE NMOCI	D. * NOTIFY THE NMOCD	24HR BEFORE CSG TEST.
CIRC CSG WITH INHIBITED FLUID	THOM:		
POH W/TBG. RDPU. CLEAN LOCA	8 2		of Temporary
00.00	•	Abandonment E	Expires $\frac{8}{25/2003}$
I hereby certify that the information above is	s true and complete to the best of my ki	nowledge and belief.	
SIGNATURE Notes	n. Hilbert	TITLE LIFT SPECIALI	ST DATE 06/10/98
TYPE OR PRINT NAME R.N. GILBE	RT		TELEPHONE 505/397-8206
(This space for State Use)			NO.
UniciNal sicket	DEY Crimis WILLIAMS		DATE AUG 25 1998
APPROVED BY DISTRICT I	SUPERVISOR TITLE		DATE AUG 23 1999





