

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

28358

WELL API NO. 30-025-28348
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH HOBBS UNIT GB/SA
8. Well No. 155
9. Pool name or Wildcat Hobbs GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT GR, etc.)

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator ALTURA ENERGY LTD.	
3. Address of Operator 1710 WEST STANOLIND RD. HOBBS, NM 88240 505/397-8200	
4. Well Location Unit Letter B 1158 Feet From The NORTH Line and 1568 Feet From The EAST Line Section 9 Township 19-S Range 38-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: TEMPORARY ABANDONMENT <input checked="" type="checkbox"/>

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.

REMOVED PRODUCTION EQUIPMENT

SET CIBP @4110'.

CIRC CSG W/INHIBITED FLUID.

TEST CSG TO 620# FOR 30 MIN AND CHART FOR THE NMOCD.

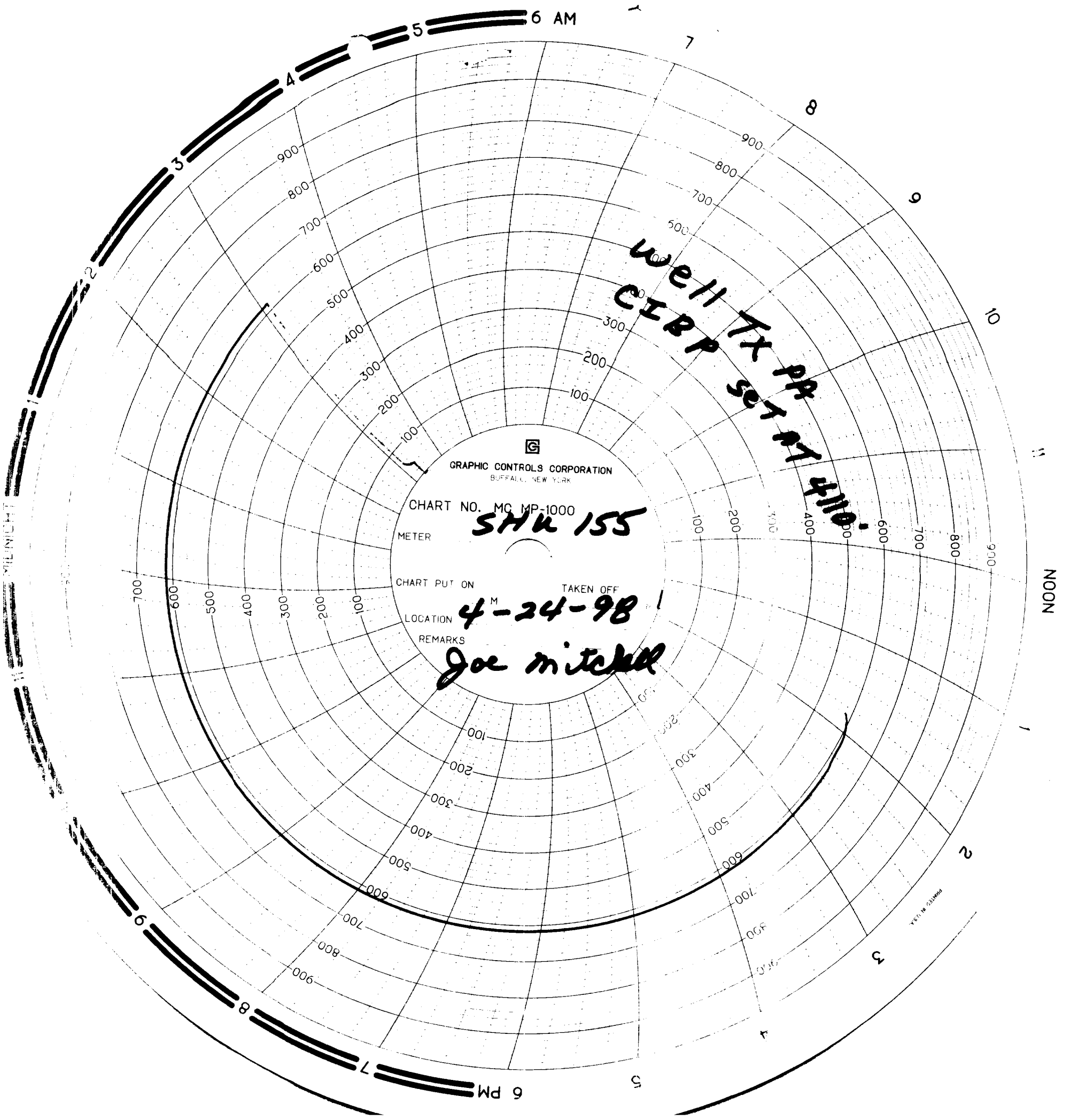
4/24/98

Approved by Temporary  
Abandonment License 6/11/2003

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	5-28-98	TELEPHONE NO.	505/397-8206
TYPE OR PRINT NAME	R.N. GILBERT		

(This space for State Use)

APPROVED BY	DATE	TITLE	DATE
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GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

CHART NO. MC MP-1000

METER

CHART PUT ON

TAKEN OFF

LOCATION

REMARKS

SHK 155

4-24-98

Joe Mitchell

Well Tx PR 4110  
CTR P set by Phil

NOON

PRINTED IN U.S.A.

44-38861-271  
APR 1964  
Received  
Harris  
JLB