State of New Mexico gy, Minerals and Natural Resources Departm

DISTRICT I

OIL CONSERVATION DIVISION

				Revised 1-1-8	9
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	3	API NO	D25-	2897)ユ
	5. Indi	cate Typ	e of Lease STATE		
	6. State	e Oil & (Gas Lease No.	1 1	-1
			or Unit Agree		
	SOUT	н нов	BS UNIT (CO-OP	
	8. Well	l No.	13		
			r Wildcat SAN AND	DEC	
	CKAI	BORG	SAN AND	KLS	
Feet	From Th	ne _	EAST	Line	
8-13		NMP	М	LEA Co	unty
	r Other				uuuuuniin.
)B:	SEQUE	LLL NIKI	PORT OF: ALTERING		
			ALTERING	CASING	
	NS.		PLUG & A	BANDONME	NT [
IES	IT JO B				Тх
Jua	ling estim	ated dat	e of starting a	ny proposed	
	,		,	o, proposa	
			_		
۸L.	IST		DATE	5-2	58
		TELI		505/397-8	

P.O. Box 1980, Hobbs, NM 88240		Fe Trail, Room 206	WELL API NO. 3D-D25-28972				
	Santa Fe, Ne	w Mexico 87503	5. Indicate Type of Lease				
			FED STATE X FEE				
			6. State Oil & Gas Lease No.				
			S. S. S. S. S. S. Board . 10.				
SUNDRY	NOTICES AND REPORTS ON W	ELLS					
(DO NOT USE THIS FORM FOI	R PROPOSALS TO DRILL OR TO DEEPE	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name				
1	ESERVOIR. USE "APPLICATION FOR I	PERMIT"	_				
1. Type of Well:	ORM C-101 FOR SUCH PROPOSALS.)		SOUTH HOBBS UNIT CO-OP				
Oil Well	Gas Well Other	NJECTOR					
2. Name of Operator ALTURA ENERGY LTD.			8. Well No. 13				
3. Address of Operator		······································	9. Pool name or Wildcat				
1710 WEST STANOLIND RD, 1	HOBBS, NM 88240	505/397-8200	GRAYBURG SAN ANDRES				
4. Well Location							
Unit Letter B 505	Feet From The NORTH	Line and 2560 Feet	From The EAST Line				
Section 3	Township 19-S	Range 38-13	NMPM LEA County				
	10. Elevation (Show whether DF,	RKB, RI GR, etc.)					
11.	Theck Appropriate Box to Indicate	Nature of Notice, Report, o	or Other Data				
NOTICE OF	INTENTION TO:	SUBS	SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING				
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	NS. PLUG & ABANDONMENT				
PULL OR ALTER CASING		CASING TEST AND CEMEN	TE JOB				
OTHER:		OTHER: MIT	X				
)perations (Clearly state all pertinent detail	s, and give pertinent dates, includ	ling estimated date of starting any proposed				
work) SEE RULE 1103.							
PRESSURE TEST CSG TO 400#	FOR 30 MIN. CHART WITNESS	ED BY THE NMOCD.					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE & MI	hert	TITLE LIFT SPECIAL	IST DATE 5-7-88				
	II DEDT	LII TOTEX INC.	<u> </u>				
THE ORTHUM NAME K.N. O.	ILBERT		TELEPHONE 505/397-8206 NO.				
(This space for State Use) CRIGINAL	SIGNED BY		Mar 2 198				
APPROVED BY	∧ F/UNK						
APPROVED BY	MEP. II		DATE				

