## State of New Mexico Energy, Me als and Natural Resources Department

DISTRICT I

## OIL CONSERVATION DIVISION

<del></del>	OIL '	310 Old Santa Fe Trail, Room 206			
P.O. Box 1980, Hobbs, NM 8824	3				0000
		Santa Fe, New	Mexico 87503	30-025 - 7	(8787
				5. Indicate Type of Lease	
				FED STATE	
				6. State Oil & Gas Lease No	<b>)</b> .
SUNDRY NOTICES AND REPORTS ON WELLS					
				7. Lease Name or Unit Agre	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101 FOR SUCH PROPOSALS.)  G				GRAYBURG/SANAND	) DEC
1. Type of Well:				- GRAT BORO/BANAND	10.
· · · · · · · · · · · · · · · · · · ·	X Gas Well	Other			LY+
2. Name of Operator				8. Well No. 188	
ALTURA ENERGY LTD.				9. Pool name or Wildcat	
				HOBBS GB S	H
4. Well Location					
Unit Letter A	1493 Feet From The	SOUTH	Line and 1802 F	Feet From The WEST	Line
Section 5	Townsh	ip 19-S	Range 38	B-E NMPM	LEA County
	10. Elevation (3629° KB	Show whether DF, I	RKB, RT GR, etc.)		
<i>1</i> 1.	Check Appropriate B	ox to Indicate N	Vature of Notice, Report	, or Other Data	
NOTICE OF INTENTION TO:				BSEQUENT REPORT O	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERIN	NG CASING
TEMPORARILY ABANDON	X CHANGE PLAN		COMMENCE DRILLING	OPNS D PLUG &	ABANDONMENT [
PULL OR ALTER CASING			CASING TEST AND CEM		
OTHER:	<u> </u>		OTHER:		
	. 10			1. 1	
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.					
NOTIFY THE NMOCD BEFORE RIG UP. (393-6161)					
PULL OUT OF HOLE WITH PRODUCTION EQUIPMENT.					
RIH W/5.5" CSG SCRAPER TO 3950". TOP PERF @3966" SET 5.5" CIBP @ 3925".					
TEST CSG TO 500 PSI_FOR 30 MIN AND CHART FOT THE NMOCD. * NOTIFY THE NMOCD 24HR BEFORE CSG TEST.					
CIRC CSG WITH INHIBITED FLUID.					
POH W/IBG. RDPU. CLEAN LOCATION.					
I hereby certify that the informati	on above is true and complete	to the best of my k	nowledge and belief.		
SIGNATURE	I W. Lil	but	TITLE LIFT SPECI	ALIST DA	TE 10/22/98
TYPE OR PRINT NAME R.1	N. GILBERT	,	<del>-</del>	TELEPHONE	505/397-8206
T. I				NO.	
(This space for State Use)					
APPROVED BY	RIGNAL STONED BY	TITLE		DATE	I Comment
<del></del>		<del></del>			