

DISTRICT I

C. CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240

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

WELL API NO. 30-025-28985	
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
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 Ut	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR		8. Well No. 195	
2. Name of Operator ALTURA ENERGY LTD.		9. Pool name or Wildcat HOBBS QB 15A	
3. Address of Operator 1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200			
4. Well Location Unit Letter OP 330 Feet From The SOUTH Line and 990 Feet From The EAST Line Section 5 Township 19-S Range 38-E NMPM LEA County			
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3615' DF			

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: TEMPORARY ABANDON	<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.

Test Date: 11/16/98

CIBP 4075'

Pressure reading: Initial 680 psi; 15 min. - 700 psi; 30 min. - 720 psi.

Length of time pressure held: 30 min.

Test Witnessed: No

This Approval of Temporary
Abandonment Expires **12/29/2003**

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

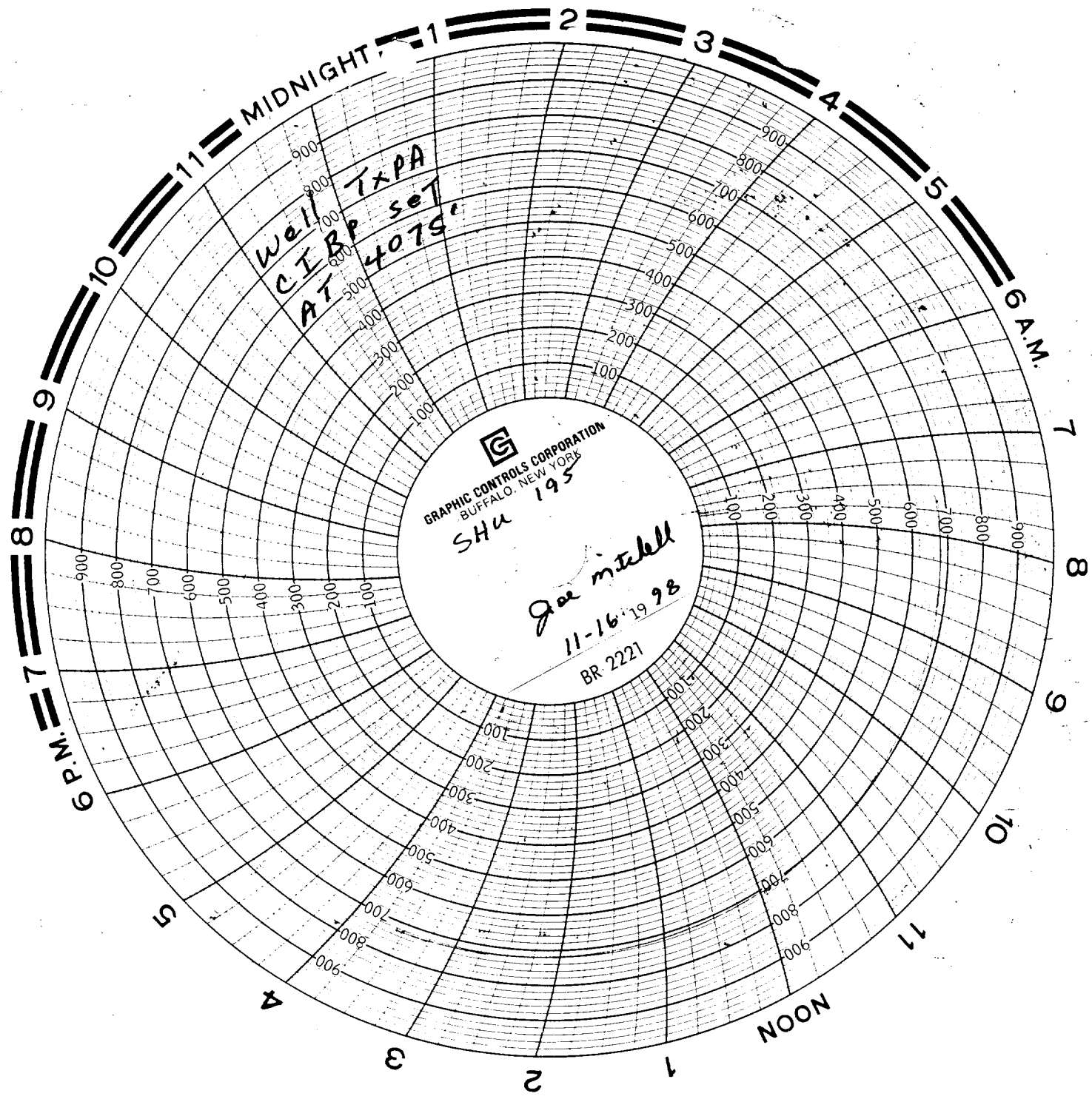
SIGNATURE Robert N. Gilbert TITLE LIFT SPECIALIST DATE 11/24/98
 TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 12/29/2003

JCGN

OP



Well T x PA
CI BP set
AT 4075'