

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-29459

5. Indicate Type of Lease
FED ☐ STATE ☒ FEE ☐

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

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 H 2310 Feet From The NORTH Line and 1028 Feet From The EAST Line
Section 6 Township 19-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3628' GL

7. Lease Name or Unit Agreement Name
SOUTH HOBBS UNIT
GB/SA

8. Well No. 201

9. Pool name or Wildcat Hobbs
GRAYBURG SAN ANDRES

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 OPS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <u>TEMPORARY ABANDON</u> <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: 06/22/98

CIBP SET @ 3951'.

480

TEST CASING TO 500 PSI FOR 30 MIN.

WELL STATUS: TEMPORARILY ABANDONED

This Approval of Temporary
Abandonment Expires 7-16-2003

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 6-26-98

TYPE OR PRINT NAME R.N. GILBERT

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. I

TITLE

DATE

JUL 15 1998

TELEPHONE NO. 505/397-8206

LWW

ICN/BC

dp

