

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

CONSERVATION DIVISION

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

WELL API NO. 30-025-29460
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. 203
9. Pool name or Wildcat GRAYBURG SAN ANDRES

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 Hobbs	
4. Well Location Unit Letter L 1568 Feet From The SOUTH Line and 248 Feet From The West Line Section 5 Township 19-S Range 38-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3615' GL	

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 checked="" type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <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: <input 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.

PULL OUT OF HOLE WITH PRODUCTION EQUIPMENT.
 RHH W/5.5" CSG SCRAPER TO 3960'.
 SET 5.5" CIBP @ 3925'. (TOP PERF @ 3976)
 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/TBG. RDP. CLEAN LOCATION.

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

SIGNATURE <u>Robert N. Gilbert</u>	TITLE <u>LIFT SPECIALIST</u>	DATE <u>6-13-98</u>
TYPE OR PRINT NAME <u>R.N. GILBERT</u>	TELEPHONE NO. <u>505/397-8206</u>	

(This space for State Use)

APPROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE <u>[Signature]</u>
--------------------------------	--------------------------	-------------------------

