<u>DISTRICT I</u>

O'LL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240	210 OH C E. T. II D				THE T. LEW		
		310 Old Santa Fe Trail, Room 206			WELL API N		
	anta Fe, New Mexico 87503				025-	24754	
					5. Indicate T	<u> </u>	
					FED	STATE	1 1 1
					6. State Oil &	t Gas Lease No.	
SUNDRY N	OTICES AND DEDO	DTC ON I	TCL T O		20000118////		
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"					7. Lease Nan	ne or Unit Agree	ment Name
(FORM C-101 FOR SUCH PROPOSALS.)					SOUTH HOBBS UNIT		
1. Type of Well:						DDS UNII	
Oil Well Gas Well Other INJECTOR							
2. Name of Operator					8. Well No.	216	
ALTURA ENERGY LTD. 3. Address of Operator							
1710 WEST STANOLIND RD. HOBBS, NM 88240 505/397-8200					9. Pool name or Wildcat GRAYBURG SAN ANDRES		
4. Well Location			303/377-0	5200	GRAIBUR	J SAN AND	RES
Unit Letter C 1166	F . F . T						
Cnit Letter C 1166	Feet From The	NORTH_	Line and	Fee	et From The	WEST	Line
Section 4	Township	19-S		Range 38-1	E NMI	DM .	154 6
	10. Elevation (Show		RKB, RT G			*!VI	LEA County
				·			
11. Che	eck Appropriate Box t	o Indicate l	Nature of	Notice, Report, o	or Other Data	<u> </u>	
					SEQUENT R		
PERFORM REMEDIAL	PLUG AND REMEDIAL WORK				ALTERING CASING		
WORK	ABANDON		143.112.5		1 1	ALTERING	CASING
TEMPORARILY ABANDON	CHANGE PLANS		СОММЕ	NCE DRILLING OF	NS	PLUG & AL	BANDONMENT
PULL OR ALTER CASING CASING CASING TEST AND CEMEN						TEOG & A	SANDONMENT [
CASING TEST AND CEMEN					KI JOB		
			OTHER:				X
12. Describe Proposed or Completed Opework) SEE RULE 1103.	rations (Clearly state all pe	rtinent details	, and give p	ertinent dates, includ	ling estimated da	te of starting an	y proposed
was at the second							
PRESSURE TEST CSG TO 320# FOR 30 MIN. CHART WITNESSED BY THE NMOCD.							
							•
I hereby certify that the information above	is true and complete to the	best of my kn	owledge an	d belief.			
SIGNATURE	Sheet		Tricor =	I HTT ODE	(2.77)		
	7001		TITLE	LIFT SPECIALI	ST	DATE	5-7-98
TYPE OR PRINT NAME R.N. GILBI	ERT					EPHONE	505/397-8206
(This space for State Use)					NO.		
ORICHAL 3						*_*	
APPROVED BY GAST		TITLE			r	DATE TALL	<i>⊋ 0 199a</i>
FIELD	EP. II	-			······································		1030

