

DISTR. T1

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.
30-025-31430

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR	7. Lease Name or Unit Agreement Name S Hobbs GRAYBURG/SAN ANDRES act
2. Name of Operator ALTURA ENERGY LTD.	8. Well No. 237
3. Address of Operator 1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200	9. Pool name or Wildcat HOBBS GB/SA
4. Well Location Unit Letter E 1910 Feet From The EAST Line and 1300 Feet From The SOUTH Line Section 4 Township 19-S Range 38-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3610' 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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: 12/02/98

CIBP 4075'

Pressure reading: Initial 660 psi: 15 min. - 670 psi: 30 min. - 680 psi.

Length of time pressure held: 30 min.

Test Witnessed: No

12/29/2003

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

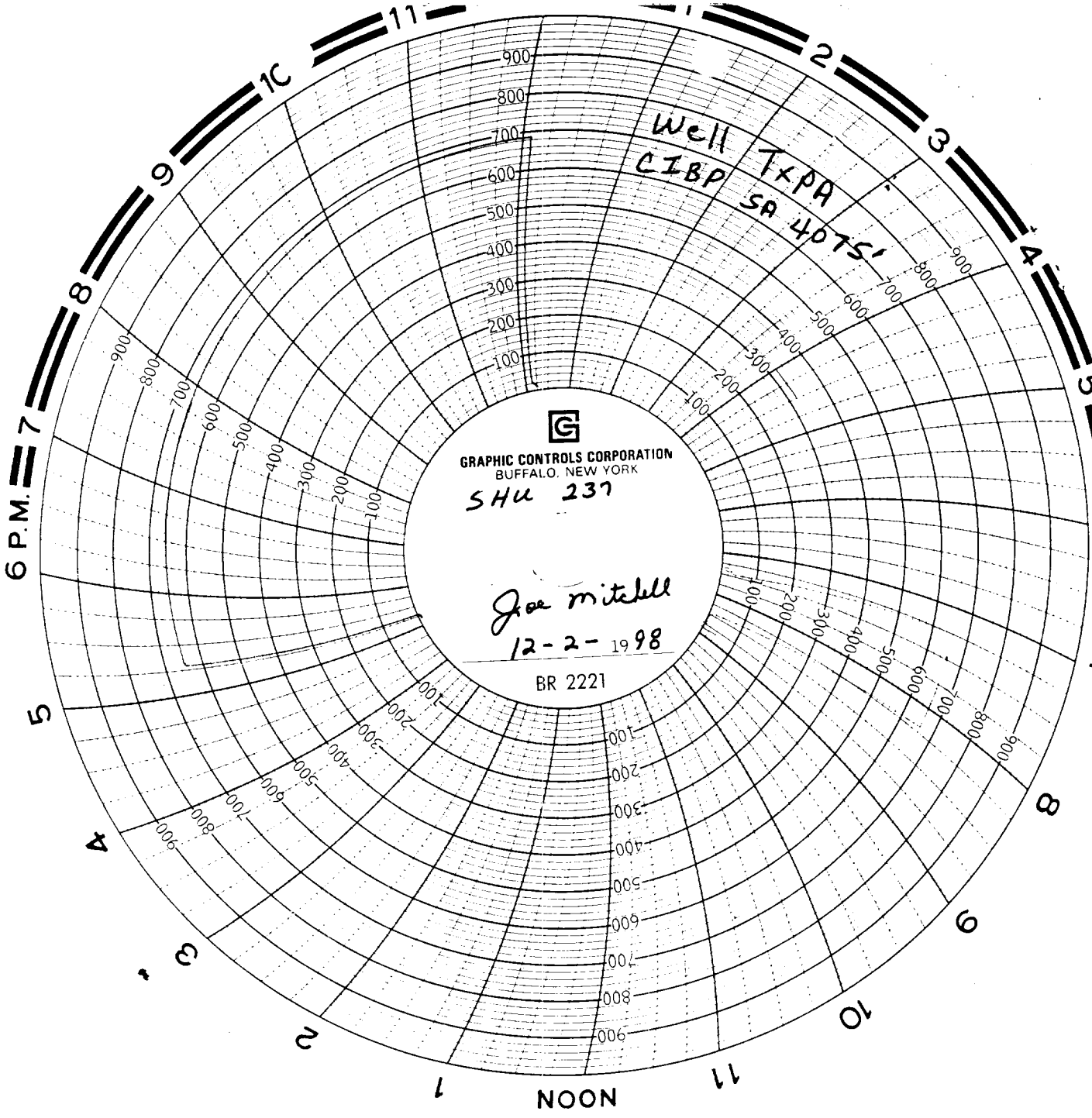
SIGNATURE **Robert N. Gilbert** TITLE **LIFT SPECIALIST** DATE **12/03/98**
TYPE OR PRINT NAME **R.N. GILBERT** TELEPHONE **505/397-8206**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

JCGN

dp



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

SHU 237

Joe Mitchell
12-2-1998

BR 2221