State of New Mexico

erals and Natural Resources Department Energy,

DISTRICT I	OIL CONSER	VATION DIVISION		
P.O. Box 1980, Hobbs, NM 882). Box 1980, Hobbs, NM 88240 310 Old Santa Fe Tr		WELL API NO.	- 31420
	Santa Fe, N	Santa Fe, New Mexico 87503		5-31430
			5. Indicate Type of L	STATE X FEE
			6. State Oil & Gas Le	
			5. 5 51. 22 51.5	
STIND	RY NOTICES AND REPORTS ON	WELLS		
OO NOT USE THIS FORM	1 FOR PROPOSALS TO DRILL OR TO DEE	PEN OR PLUG BACK TO A	7. Lease Name or Un	1
DIFFERE	NT RESERVOIR. USE "APPLICATION FO	R PERMIT"	GRAYBURG/SAN	IANDRES
	(FORM C-101 FOR SUCH PROPOSALS.)		UKATBOKO/SAN	IANDICES
Type of Well: Oil Well	X Gas Well Other			
2. Name of Operator			8. Well No. 23	7
ALTURA ENERGY	LTD.		9. Pool name or Wile	deat - 0
3. Address of Operator 1710 WEST STANOLIND F	RD. HOBBS, NM 88240	505/397-8200	HOBBS 🕒	3/57
4. Well Location				
Unit Letter	1910 Feet From The EAST	Line and 1300 Fe	et From The SO	JTH Line
Chir Benefit		Range 38-	F NMPM	LEA County
Section 4	Township 19-S 10. Elevation (Show whether L		-12 WILLIAM	ELIA County
	3610' GL			
<i>Viiii III III III III III III III III II</i>	Check Appropriate Box to Indica	te Nature of Notice, Report,	or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL	PLUG AND	REMEDIAL WORK	AI	TERING CASING
WORK	ABANDON		NE CO	LUG & ABANDONMENT
TEMPORARILY ABANDON	X \(\sqrt{CHANGE PLANS} \)	COMMENCE DRILLING (LU & ADAMDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMI	FULTOR []	L
OTHER:		OTHER:		
12. Describe Proposed or Comp	oleted Operations (Clearly state all pertinent de	etails, and give pertinent dates, inc	luding estimated date of	starting any proposed
work) SEE RULE 1103.				
NOTIFY THE NMOCD BE	EFORE RIG UP. (393-6161)			
PULL OUT OF HOLE WITH PRODUCTION EQUIPMENT.				
RIH W/T" CSG SCRAPER TO 4100". TOP PERF & 4124" SET 5.5" CIBP & 4075". TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOT THE NMOCD. * NOTIFY THE NMOCD 24HR BEFORE				
CSG TEST.	11201 COO TO 300 FOF TOTE 30 MIN A			
CIRC CSG WITH INHIBITED FLUID.				
POH W/TBG, RDPU, CLE	EAN LOCATION			
10.4.4.2.2.2	nation above is true and complete to the best of	my knowledge and belief.		
I hereby certify that the inform			ALICT	DATE 10/22/98
SIGNATURE NOT	ed 11. Fillet	TITLE LIFT SPECL		
TYPE OR PRINT NAME	R.N. GILBERT		TELEPI NO.	IONE 505/397-8206
	- 01/52 57 C/10/5 (VIII / 14/4)			
(This space for State URIGIN	IAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR			TE - 1884 1 & 1886
ADDROVED BY	DISTRICT 1301 ERVISOR	'LE	DA	TE