

District I
P.O. Box 1980, Hobbs, NM 88241-1980
District II
P.O. Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
P.O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Apache Corporation 2000 Post Oak Blvd, Suite 100 Houston, TX 77056-4400		² OGRID Number 000873
		³ Reason for Filing Code CH eff 2/1/98
⁴ API Number 30-025-06380	⁵ Pool Name Hare Simpson	⁶ Pool Code 29830
⁷ Property Code 23116	⁸ Property Name State Section 2	⁹ Well Number 14

II. ¹⁰ Surface Location

UI or lot no. N	Section 2	Township 21S	Range 37E	Lot. Idn	Feet from the 3630	North/South line S	Feet from the 1770	East/West line W	County Lea
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¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Lse Code S	¹³ Producing Method Code TA	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ 29 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
	TH Expires 12/4/2002	2263410	O	
		2263430	G	

IV. Produced Water

²³ POD 2263450	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Pamela M. Leighton*

Printed Name:
Pamela M. Leighton

Title:
Sr Regulatory Analyst

Date: 4/20/98 Phone: 713-296-7120

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

MAY 11 1998

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

OGRID #157984 Altura Energy Ltd.

Previous Operator Signature:

Mark Stephens

Mark Stephens

Printed Name

Business Analyst

Title

Date

5/6/98

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OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025- 06380
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State Section 2
8. Well No.	14
9. Pool name or Wildcat	Hare; Simpson
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3496' DF

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	P.O. Box 4294, Houston, Texas 77210-4294
4. Well Location	Unit Letter N : 3630 Feet From The South Line and 1770 Feet From The West Line Section 2 Township 21-S Range 37-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3496' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: 'TxA Status' ☒

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: 10/17/97

Pressure Reading: Initial: 540 psi.; 15 Min.: 525 psi.; 30 Min.: 520 psi.

Length of time pressure held: 30 Min.

Test Witnessed: No

This Approval of Temporary
Abandonment Expires 12/4/2002

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

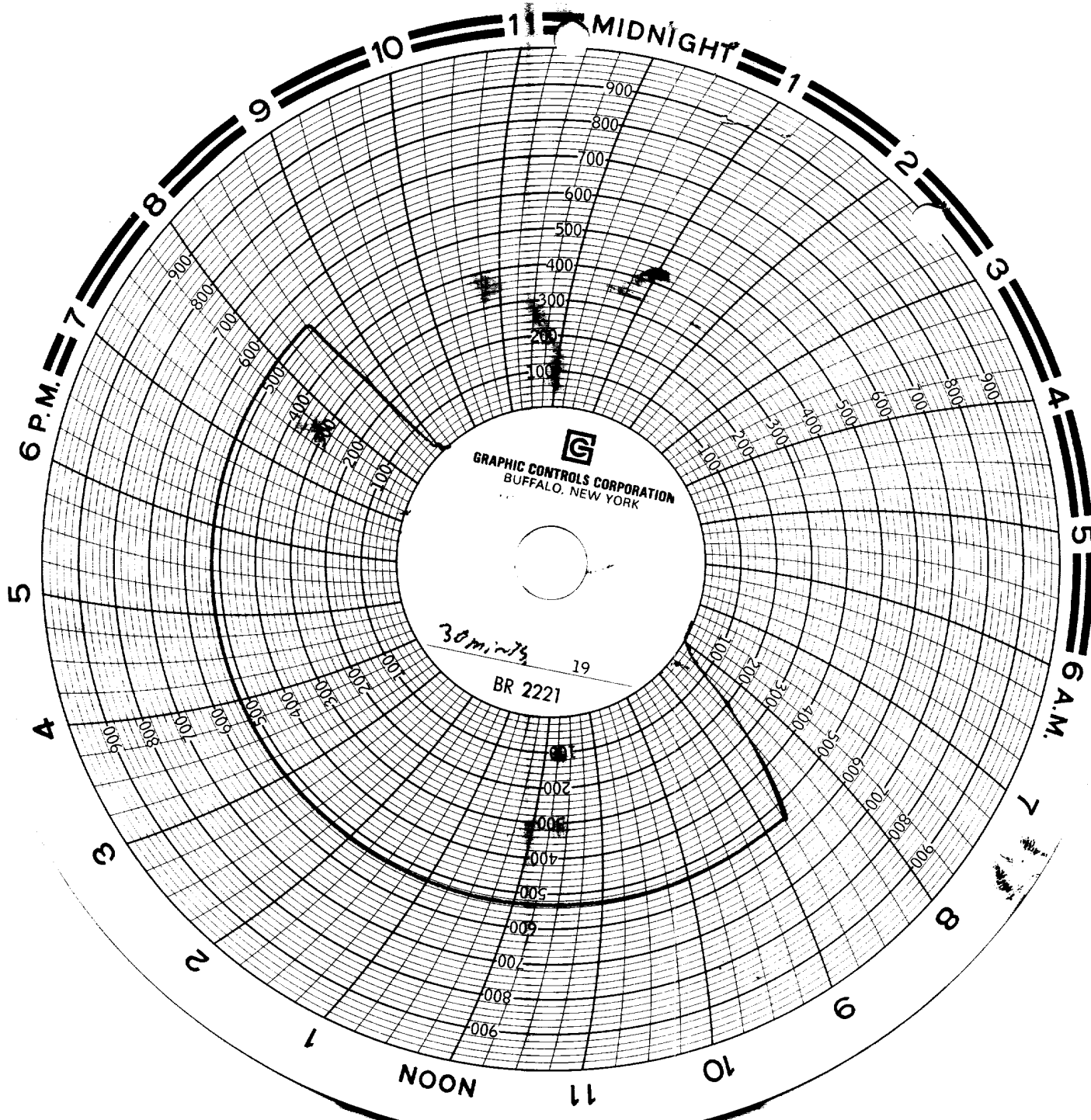
SIGNATURE Mark Stephens TITLE Business Analyst (SG) DATE 11/20/97
TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. (281) 552-1158

(This space for State Use) ORIGINAL SIGNED BY DAVID WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 11/20/97

CONDITIONS OF APPROVAL, IF ANY:

ICJSG



JEARY Davis
Henry P. Davis
10-17-97
ALTRIA ENERGY
ST. SMO 2 # 14
JEARY P.

Received
10/17/97
JEARY P.