Submit 3 Copies to Appropriate District Office

1. Type of Well:

WELL X 2. Name of Operator

3. Address of Operator

4. Well Location

11.

OTHER:

State of New Mexico En

DISTRICT I P.O. Box 1980, Hobbs, NM 88240
DISTRICT II P.O. Drawer DD, Artesia, NM 88210
DISTRICT III 1000 Rio Brazos Rd Aziec NM 874

PERFORM REMEDIAL WORK **TEMPORARILY ABANDON PULL OR ALTER CASING**

Submit 3 Copies to Appropriate District Office	Energ inerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico		30-025-34101
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			5. Indicate Type of Lease STATE X FEE
	•		6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON WE	LLS	
DIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE C-101) FOR SUCH PROPOSALS.)	I OH PLUG BACK TO A RMIT"	7. Lease Name or Unit Agreement Name
. Type of Well:			Dustbuster 6
WEIL X WEIL	OTHER		
2. Name of Operator Altura Energy LTD			8. Well No.
Address of Operator			9. Pool name or Wildcat Abo-Wildcat;
P.O. Box 4294, Houston	on, Texas 77210-4294		DrinkWildcat; BlinebWildca
	OO Feet From The South	Line and220	
Section 6	Township 18-S R	inge 34-E	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	NMPM Lea County
1. Check		94.7 KB	
NOTICE OF INTERPRETARION TO INCIDENT NATURE OF INOTICE, RE		eport, or Other Data SEQUENT REPORT OF:	
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
JLL OR ALTER CASING		CASING TEST AND CE	
THER:		OTHER: Spud &	Run Surface Casing X
 Describe Proposed or Completed Opera work) SEE RULE 1103. 	tions (Clearly state all pertinent details, an	d give pertinent dates, includ	ing estimated date of starting any proposed
9/3/97 Spud well a	t 20:15 hours		
31 1131 000 SX. CI.	% CAC12. Displace with	. celloseal + 19	. Set at 1725'. Cement with % CAC12 x tail in with 250 sx. lug down x circulate 84 sx.
hereby certify that the information above is true	and complete to the best of my knowledge and t	belief.	

I hereby certify that the in	formation above is true and complete to	the best of my knowledge and belief		
SIONATURE	Mark Stephens	TITLE _	Business Analyst (SG)	9/9/97
TYPE OR PRINT NAME	Mark Stephens			(281) TELEPHONE NO. 552-1158
(This space for State Use)	ORIGINAL SIGNED BY C	CHRIS WILLIAMS		

- TILE -

16.7 - 2 1-37

- DATE -

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-