

DISTRICT I

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.
30-025-33052

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 Gas Well Other INJECTOR

2. Name of Operator
ALTURA ENERGY LTD.

3. Address of Operator
1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200

4. Well Location
Unit Letter K 2036 Feet From The SOUTH Line and 2260 Feet From The WEST Line
Section 31 Township 17-S Range 35-E NMPM LEA County

7. Lease Name or Unit Agreement Name
WARN STATE A/C # 1

8. Well No. 001

9. Pool name or Wildcat
VACUUM DRINKARD

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3978' GR

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input 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.

NOTIFY THE NMOCD OF RIG UP. 08/24/98
PUMP 400 SX (200 SX 14.8 PPG X 2% CALCIUM CHLORIDE X CLASS C NEAT CMT X 200 SX 12.6# HALLIBURTON LITE)
PUMPED CMT BETWEEN THE 13-3/8" CSG X 9-5/8" CSG.
850 PSI @ 2.5 BPM
SHUT WELL IN @WOC
BLED PRESSURE OFF 8/25/98. 0 PSI.
RETURN WELL TO PRODUCTION. 08/26/98

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

SIGNATURE Tommy J. Mitchell TITLE DOWNHOLE SPECIALIST DATE 8/26/98
TYPE OR PRINT NAME T.J. MITCHELL TELEPHONE NO. 505/397-8215

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY GARY YANK TITLE _____ DATE 8/27/1998

ORIGINAL SIGNED BY GORDON WILLIAMS
INSTRUCTED SUPERVISOR

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