Submit 3 Copies to Appropriate District Office	State of N Energy, Minerals and Nat		cl	Form C-103 Revised 1-1-89		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.	0-015-22650	
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas Lease No.		
SUNDRY NOT						
DIFFERENT RESER		Unit Agreement Name				
1. Type of Well: OIL GAS				- Tele	dyne 18	
	OTHER					
2. Name of Operator Altura Energy LTD				8. Well No.		
3. Address of Operator			9. Pool name or Wildcat			
P.O. Box 4294, Houst	on, TX 77210-4294			Laguna Sa	lado — Morrow	
4. Well Location	<u></u>		j.			
Unit Letter :	O Feet From The Son	uth	Line and21	80 Feet From	The East Line	
Section 18	Township 23-S	Rat		NMPM	Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)						
<u> </u>	///////		77' RDB			
11. Check	Appropriate Box to Ind	licate N				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					REPORT OF:	
	PLUG AND ABANDON		REMEDIAL WORK			
	CHANGE PLANS		COMMENCE DRILLIN			
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB		
OTHER: Add new Morrow perfs			OTHER:			

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.

The subject well has been shut-in since March, 1997, due to a failed packer leakage test. The proposed operation (copy of workover procedure is attached) is to restore the well to production from the Morrow by eliminating communication with Atoka perforations isolated on the annulus through a suspected tubing leak. New perforations will also be added in the Morrow.

I hereby certify that the information above is true and complete to the best of my knowled SIONATURE	ige and belief	Business Analyst (SG)	DATE
TYPE OR PRINT NAME Mark Stephens			тецерноне но. 552-1158
(This space for State UNORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TTTLE		date6-1-78