Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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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 87504-2088	30-015-22686 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE X 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.)	7. Lease Name or Unit Agreement Name Williams Gas Com
1. Type of Well: OIL GAS WELL X OTHER	
2. Name of Operator Altura Energy LTD	8. Well No.
3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294 4. Well Location	9. Pool name or Wildcat Culebra Bluff Atoka, South (Gas)
Unit Letter C: 560 Feet From The North Line and 1980	Feet From The West Line
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2988.8' GR 11. Check Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE	MENT JOB
OTHER: Add new Atoka perfs X OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclusivork) SEE RULE 1103.	ding estimated date of starting any proposed
Open additional pay in the Atoka (current perfs are 11,528'	- 11,976') as follows:
1) Shut well in x RU Schlumberger WLU x lubricator	
2) RIH with 1-11/16" thru-tubing gun loaded w/2 SPF x perfor	ate at:
11,980' - 11,992' 11,928' - 11,935' 11,912' - 11,915' 11,532' - 11,565'	NUL RECOVED 000 - AKTESIA
3) Note x report SITP before and after perforating4) RD x turn well over to production x report test results.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SKONATURE Mark Stephens TITLE Business An	DAIE
TYPEORPRINT NAME Mark Stephens	(281) 552-1158 TELEPHONE NO. 552-1158
(This space for State Use) APPROVED BY Jim W. Green BOD THILE	expervisor DATE 7-13-98