Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
District I 1625 N. French Dr., Hobbs, NM 88240 District II	625 N. French Dr., Hobbs, NM 88240			Revised March 25, 1999 WELL API NO.	
811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION				30-025-3162	
District III 1220 South St. Fra 1000 Rio Brazos Rd., Aztec, NM 87410				5. Indicate Type STATE	FEE
District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505				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:	
1. Type of Well: Oil Well Gas Well Other				New Mexico State	
2. Name of Operator Aviara Energy Corporation				8. Well No.	
3. Address of Operator P. O. Box 1350, Houston, TX 77251-1350				9. Pool name or Wildcat	
4. Well Location				Tres Papoletes	Penn
Unit LetterG:	1980 feet from the	North	line and 1	980 feet from	n the East line
Section 32	Township 14	4S Ra	inge 34E	<sub>NMPM</sub> Lea	County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4131' GR					
11. Check A	ppropriate Box to Inc	dicate N	ature of Notice, I	Report or Other I	Data
NOTICE OF IN PERFORM REMEDIAL WORK			SUBS REMEDIAL WORK	SEQUENT REI	PORT OF: ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRII	LING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	D	ABANDONMENT
OTHER:			OTHER:		
12. Describe proposed or completed of starting any proposed work) or recompilation.	eted operations. (Clearly . SEE RULE 1103. For	y state all Multiple (	pertinent details, and Completions: Attach	d give pertinent date wellbore diagram o	es, including estimated date of proposed completion
Recomplete to the Upper (	Disco Dolomite pool. A	rig is exp	pected to be availa	ble on or about Ju	une 26, 2001.
See the attached Proposed Procedures.					
I hereby certify that the information	above is true and comple	ete to the b	est of my knowledg	e and belief.	
SIGNATURE METOLOGI	: Ludy	TITLE_	Production/Regula	tory Coordinator	DATE_6/21/01
Type or print name Victoria G	uidry //			Telenh	none No. (713) 871-3444
(This space for State use)					1.00 07 10444
APPPROVED BY		TITLE	Oris Sig Paul d Ordo	lautz	DATE COM
Conditions of approval, if any:			.40. 1000		