

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

| | |
|---|---|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No. NM-077002 |
| 2. Name of Operator Altura Energy LTD | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. P.O. Box 4294, Houston, TX 77210-4294 (281) 552-1158 Attn: Mark Stephens, 338-B, WL2 | 7. If Unit or CA, Agreement Designation |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Letter F, 1980' FNL x 1980' FWL, Sec. 5, T-19-S, R-33-E | 8. Well Name and No. Nellis Federal No. 9 |
| | 9. API Well No. 30-025-26008 |
| | 10. Field and Pool, or Exploratory Area Buffalo; Yates |
| | 11. County or Parish, State Lea Co., NM |

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | |
|---|---|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> Other Request TxA Extension | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Continuation of TxA status is requested as the well is slated to be evaluated for recompletion potential in behind pipe zones. This study will commence in early to mid-2000.

TH Approved For 4 Month Period
Ending 7/24/2000

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|---|------------------------------------|-----------------------|
| 14. I hereby certify that the foregoing is true and correct | | |
| Signed <u>Mark Stephens</u> | Title <u>Business Analyst (SG)</u> | Date <u>1/21/2000</u> |
| (This space for Federal or State official use) | | |
| Approved by <u>Mark Stephens</u> | Title <u>Petroleum Engineer</u> | Date <u>3/24/2000</u> |
| Conditions of approval, if any: | | |