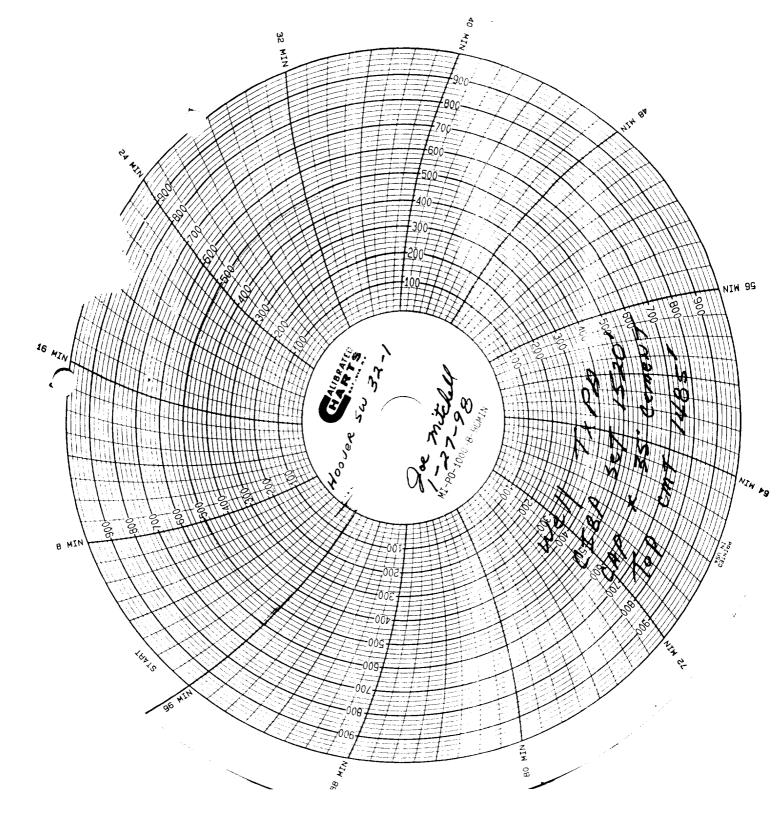
1.0. DOK 1700, 110008, 11191 00240	P.O. Box 2088		WELL ATT NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088  DISTRICT III		87504-2088	30-025-34226  5. Indicate Type of Lease
		STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICES 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"			
			7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)			Hoover SW 32
1. Type of Well: OIL GAS WELL OTHER Dry Holo			noover Sw 32
2. Name of Operator			8. Well No.
Altura Energy LTD			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
P.O. Box 4294, Houston, TX 77210-4294  4. Well Location			Vacuum; Abo, N.
Unit Letter G: 1650 Feet From The North Line and 1930 Feet From The East Line			
Olik Detter	_ rea rom me	Line and	Feet From The Line
Section 32	Township 17-S Ran	nge 34-E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice Report, or Other Data			
The second of th			
	MITON TO.	SUB	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 CA		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: Pressur	e Test for TxA Status X
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.			
1/20/98 - Remove wellhead x install BOP. RIH w/8-5/8" CIBP x set @ 1520'. POH x load x test. RIH w/cement dump bailer x cap w/35' cement (TOC @ 1485'). POH w/dump bailer x install wellhead.			
Pressure Reading: Initial: 515 psi.; 15 Min.: 500 psi.; 30 Min.: 490 psi.			
Length of time pressure held: 30 minutes			
Test Witnessed:	No.		~ .*
Test Date: 1/2	7/98	TOTAL APPROVED	2/27/200
I hereby certify that the information above is true and	i complete to the best of my knowledge and i		· · · · · · · · · · · · · · · · · · ·
SIGNATURE Mark Stephe	m. m.	Business Ana	alyst (SG) 2/5/98
TYPEOR PRINT NAME Mark Step	ohens		(281) TELEPHONE NO. 552–1158
(This space for State Use) OFFICE NAME OF THE STATE OF TH	EL EL TY DE		i i i i i i i i i i i i i i i i i i i
			· · · · ·

JC1.6

CONDITIONS OF APPROVAL, IF ANY:

de de



ALtura sw. 1 Hoover 32 sw. 1 Oper-Alex Lopez

\*\*\*

.