Form 3160-5 (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR N.M. Oll Cons. Division BUREAU O. LAND MANAGEMENT 1625 N. Frenc Dr.

SUNDRY NOTICES AND REPORTS ON WHICH AND RE240

FORM APPROVED Budget Bureau No. 1004-0135 Expires July 31, 1996

5. Lease Serial No.

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on reverse side 1. Type of Well				6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No.								
							Oil Gas Well X Other WI	W			8. Well Name and No.	
							2. Name of Operator				I	No. 21
Altura Energy L/ID Attn:	Mark Stephens,	Rm. 338-B. WL2		Unit Federal								
3a. Address		3b. Phone No. (include area code)		9. API Well No.								
P.O. Box 4294, Houston, TX 77210-4294		(281) 552-1158		30-025-21873 10. Field and Pool, or Exploratory A								
4. Location of Well (Footage, Sec., T., R., M., or Survey Description 1873 3/ PST - 2006 7/ -				Fowler; Upper Yes	rea							
Letter K, 1873.3' FSL x 2086.7' FWL, Sec. 15, T-24-S, R-37-E				11. County or Parish, State Lea Co.								
12. CHECK APPROPRIA	ATE BOX(ES) TO IN	DICATE NATURE OF	NOTICE, REPORT	OR OTHER DATA	NM_							
TYPE OF SUBMISSION			YPE OF ACTION	, or or extended the	<u> </u>							
Notice of Intent			TI COI ACTION									
- Notice of linear	Acidize	Deepen	Production	(Start/Resume) Water Shut-O	ff							
X Subsequent Report	Alter Casing	Fracture Treat	Reclamation	Well Integrity								
	Casing Repair	New Construction	X Recomplete									
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily									
	Convert to Injection	n Plug Back	Water Dispo	sal								
Sundry Notice to account for the												
as described on the attached. The			?') were squee	zed, but the								
Drinkard was not perforated due t	o experiencing 1	ead casing. The w	ell is current	tly being held								
pending further evaluation.			-	·								
				OR RECORD								
				8 2000								
			115									
14 Thomburgeiff of the Co												
 I hereby certify that the foregoing is true and correct Name (Printed/Typed) 		Title										
Mark Stephens Work	Stephers	Bu	siness Analyst	: (9C)								
	•		19/2000	. (88)								
THIS S	SPACE FOR FEDER	RAL OR STATE OFF										
Approved by		Title										
Conditions of approval, if any, are attached. Approval of the certify that the applicant holds legal or equitable title to the which would entitle the applicant to conduct operations thereon.	ose rights in the subject	nt or Office			200							
Title 18 U.S.C. Section 1001, makes it a crime for any per fraudulent statements or representations as to any matter within	rson knowingly and will its jurisdiction.	fully to make to any dep	artment or agency of	the United States any false, fictit	ious or							

RECEIVED