Form	3160-5
Lune	1990)

UNITED STATES OIL Cons. Division DEPARTMENT OF THE INTERIOR 625 N. French Dr. BUREAU OF LAND MANAGEMENT Hobbs. NM 88240 5.

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

5. Lease Designation and Serial No.

NM-0321613

SUNDRY NOTICES	AND	REPORTS	ON	WELLS
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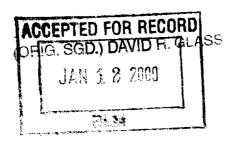
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
I. Type of Well Soli Gas Well Well Other		NM-71037X
2. Name of Operator		8. Well Name and No. South Mattix Unit Federa
Altura Energy LTD 3. Address and Telephone No. Att	9. API Well No. No. 39 30-025-26598	
	n: Mark Stephens, 338-B, WL2 7210-4294 (281) 552-1158	10. Field and Pool, or Exploratory Area
	Fowler; Drinkard 11. County or Parish, State	
Letter G, 1890' FNL x 2070' F	Lea Co., NM	
CHECK APPROPRIATE BOX(s	s) TO INDICATE NATURE OF NOTICE, RE	EPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACT	
Notice of Intent	Abandonment	Change of Plans
X Subsequent Report	Recompletion Plugging Back	New Construction Non-Routine Fracturing
Final Abandonment Notice	Casing Repair Altering Casing	Water Shut-Off
	Other	Conversion to Injection Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) starting any proposed work. If well is directionally drilled.

Recomplete the subject well to the Drinkard as described on the attached.



. I hereby certify that the foregoing is true and correct	 -			
Signed Mark Stephens	Title	Business Analyst (SG)	Date	1/5/2000
(This space for Federal or State office use)			Date	
Approved by	Title	,	Date	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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*See Instruction on Reverse Side

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