Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
OCT - 2 1992
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

WELL API NO.
30-015-~~20371~~ 20383

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
K-3268-1

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
Catclaw Draw Unit

1. Type of Well:
OIL WELL [ ] GAS WELL [XX] OTHER

2. Name of Operator
Hallwood Petroleum, Inc.

8. Well No.
1Y

3. Address of Operator
P.O. Box 378111 Denver, CO 80237

9. Pool name or Wildcat
Catclaw Draw Morrow

4. Well Location
Unit Letter F : 1986 Feet From The North Line and 2310 Feet From The West Line

Section 26 Township T21S Range R25E NMPM Eddy County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT 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	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER: Reperf and Add Morrow Perfs	[XX]			OTHER:			[ ]

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.

PLEASE SEE ATTACHED PROCEDURE AND SUNDRY FILED WITH BLM OFFICE.

RECEIVED
SEP 28 1992
OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kevin E. O'Connell TITLE Drlg and Production Supry DATE 9/25/92

TYPE OR PRINT NAME Kevin O'Connell (303)850-6303 TELEPHONE NO.

(This space for State Use)

APPROVED BY [signature] TITLE SUPERVISOR, DISTRICT II DATE OCT - 6 1992

CONDITIONS OF APPROVAL, IF ANY: