

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

RECEIVED

WELL API NO.	20383
30-015-20371	
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	K-3268-1

SUNDRY NOTICES AND REPORTS ON WELLS 1993 (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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Hallwood Petroleum, Inc.	8. Well No. 1Y
3. Address of Operator P. O. Box 378111, Denver, Colorado 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 21S Range 25E NMPM Eddy County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3414' GR; 3425' KB		

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Casing repair, plug back & recompletion <input checked="" type="checkbox"/>

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.

SEE ATTACHMENT

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

SIGNATURE Eva Kardas TITLE Production Technician DATE 1/13/92
TYPE OR PRINT NAME Eva Kardas (303) TELEPHONE NO. 850-6282

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JAN 19 1993

CONDITIONS OF APPROVAL, IF ANY: