

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25,

DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

DISTRICT II

O. Drawer DD, Artesia, NM 88210-

DISTRICT III

000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 S. Pacheco
Santa Fe, New Mexico 87505

WELL API NO.

30-015-23350

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B11594-6

7. Lease Name or Unit Agreement Name
State "B" 14 COM

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.)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other

2. Name of
Hallwood Petroleum, Inc.

8. Well
1

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

9. Pool name or Wildcat
Travis U-P & S. Empire Morrow

4. Well
Unit Letter P : 660 feet from the South line and 990 feet from the East line
Section 14 Township 18S Range 28E NMPM Eddy County

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

3,539' GR 3,555' KB

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

NOTICE OF INTENTION

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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

The subject well is capable of producing up to 400 MCFPD. This well suddenly died and had no pressure. Swabbing of the well indicates a possible casing leak. Hallwood recommends commencing a workover to repair the leak (squeeze) and bring the well back on production following the repairs.

Commence Sept-00
Complete Oct-00



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

SIGNATURE

Chris R. Williams

Environmental/Safety Manager

TITLE

DATE 07-Sept-00

TYPE OR PRINT NAME

Chris R. Williams

TELEPHONE NO. (303) 850-6305

(This space for State Use)

APPROVED BY

Maria S. Williams

TITLE Field Rep. II

DATE 9/12/2000

CONDITIONS OF APPROVAL, IF ANY: