

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 88210-2834

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 S. Pacheco  
Santa Fe, New Mexico 87505

WELL API NO.  
**30-015-20494**

5. Indicate Type of Lease  
Fee

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

**Catclaw Draw Unit**

8. Well No.

**2**

9. Pool name or Wildcat

**Catclaw Draw Morrow**

**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 Operator

**Hallwood Petroleum, Inc.**

3. Address of Operator

**P. O. Box 378111, Denver, CO 80237**

4. Well Location

Unit Letter **G** : **1650** Feet From The **North** Line and **1650** Feet From The **East** Line  
Section **23** Township **21S** Range **25E** NMPM **NE/4** **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3305' GL 3317' KB**

11.

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

**NOTICE OF INTENTION TO:**

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 1103.

**Hallwood plans to plug and abandon this well during July 1999, as we believe there is no existing potential in this zone or any other zones in the well.**

**Please see attached for procedures.**

\* Brine gel between all cement Plugs.  
\* Notify N.M.C.D. to witness Plugging Operations.

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

SIGNATURE Nonya K. Durham

TITLE

**Production Reporting  
Supervisor**

DATE **5/27/99**

TYPE OR PRINT NAME **Nonya K. Durham**

TELEPHONE NO. **(303) 850-6257**

(This space for State Use)

APPROVED BY Manuel S. [Signature]

TITLE **Field Rep. II**

DATE **6/9/99**

CONDITIONS OF APPROVAL, IF ANY: