## State of New Mexico

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Form C-103	
Revised 1-1-89	
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**Submit 3 Copies** Energy, Minerals and Natural Resources Department 10 Appropriate District Office DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-015-21166 DISTRICT II Santa Fe, New Mexico 8750 F1268 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 FEE L OCT 2 1 1991 6. State Oil & Gas Lease No. C D SUNDRY NOTICES AND REPORTS ON WELLESIA OFFICE ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Ocotillo Hills WELL XX WELL OTHER 2. Name of Operator Well No. Hallwood Petroleum, Inc. Address of Operator 9. Pool name or Wildcat P.O. Box 378111 Denver, CO 80237 Avalon Morrow WC 4. Well Location : 1650 Feet From The North Unit Letter \_ 1650 Line and Feet From The \_West 21 Section 21S Township Range 26E Eddy **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 Add perforation in Wolfcamp Fm. OTHER: 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.

I hereby certify that the inform	nation above is true and complete to the best of my knowle	edge and belief.	
SIGNATURE Debi Sh	hi Sherry leely	— mle Sr	. Engineering Technician DATE 10/18/91
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)	ORIGINAL <b>S</b> IGNED BY MIKE WILLIAMS		9CT 2 9 1991
APPROVED BY	SUPERVISOR, DISTRICT IF	— пп.е ——	DATE
CONDITIONS OF APPROVAL, IF	ANY:		