

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

454
Op

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

SEP 28 1992

WELL API NO. 30-015-21166
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Ocotillo Hills
8. Well No. 1
9. Pool name or Wildcat Avalon Wolfcamp
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3284' KB 3268' GL

SUNDRY NOTICES AND REPORTS ON WELLS, C. D.
(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Hallwood Petroleum, Inc. ✓
3. Address of Operator P.O. Box 378111 Denver, CO 80237
4. Well Location Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line Section 21 Township 21S Range 26E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3284' KB 3268' GL

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 checked="" 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: <input 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.

PLEASE SEE ATTACHED PROCEDURE AND SUNDRY FILED WITH BLM.

Notify N.M.O.C.C. in sufficient time to witness

TA Test

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

SIGNATURE Kevin O'Connell TITLE Drlg and Production Supv 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 Field Rep DATE 10/1/92
CONDITIONS OF APPROVAL, IF ANY: