Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
JUN 14 1991
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

45 DP

API NO. (assigned by OCD on New Wells) 30-015-21573

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. K-4193

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [X] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [X]

7. Lease Name or Unit Agreement Name: Ocotillo Hills

2. Name of Operator: Hallwood Petroleum, Inc.

8. Well No. 2

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

9. Pool name or Wildcat: Avalon Morrow ~~Canyon~~

4. Well Location
Unit Letter G : 2310 Feet From The North Line and 1980 Feet From The East Line

Section 21 Township 21S Range 26E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
		-

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3271' KB		-	

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
20"	16"	65#	275'	225 sx	surf.
11"	8-5/8"	24#	2,500'	1380 sx	
7-7/8"	5-1/2"	17# & 20#	11,148'	700 sx	

See Attached Sheet.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 1/25/92
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Holly S. Richardson TITLE Sr. Ops. Eng. Tech. DATE 6/5/91

TYPE OR PRINT NAME Holly S. Richardson (303)850-6322 TELEPHONE NO

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUL 29 1991

CONDITIONS OF APPROVAL, IF ANY: