

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-1
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
SRM 1102

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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR HALLWOOD PETROLEUM, INC. ✓ 11-7-1992	8. FARM OR LEASE NAME Jones Com
3. ADDRESS OF OPERATOR P. O. Box 378111, Denver, Colorado 80238	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit I 1980' FSL 660' FEL	10. FIELD AND POOL OR WILDCAT Revelation
14. PERMIT NO. 30-015-21859	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 9 T22S R25E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3520 GR, 3533 KB	12. COUNTY OR PARISH Eddy
	13. STATE NM

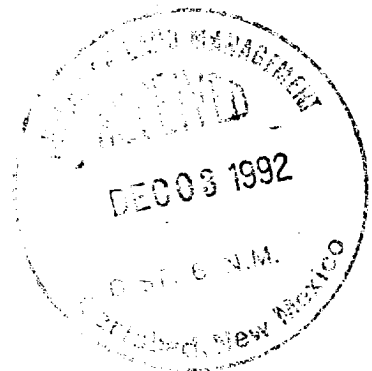
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Change of Operator</u> <input checked="" type="checkbox"/>	
(Other) _____			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Effective 11/1/1992 - 7777 Drilling Corporation, Box 1468, Graham, Texas 76450,
Attn: Tom Stratton - became the new Operator of the above mentioned well.



18. I hereby certify that the foregoing is true and correct

SIGNED Eva Kardas [Signature] TITLE Production Technician DATE 12/1/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

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Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
SRM 1102
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jones Com
9. WELL NO.
1
10. FIELD AND POOL OR WILDCAT
Revelation
11. SEC., T., S., M., OR BLK. AND
SURVEY OR AREA
Section 9 T22S R25E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

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—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER
2. NAME OF OPERATOR
HALLWOOD PETROLEUM, INC. ✓
3. ADDRESS OF OPERATOR
P. O. Box 378111, Denver, Colorado 80237
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1-6-7 1992
O. C. D.
C. O. D.

Unit I 1980' FSL 660' FEL

14. PERMIT NO.
30-015-21859
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3520 GR, 3533 KB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

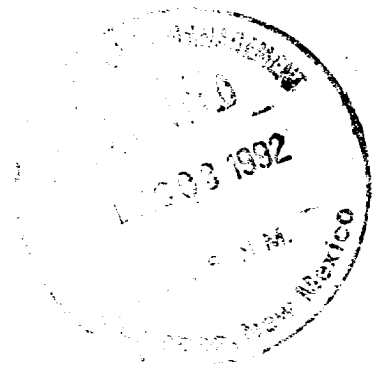
SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Change of Operator	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

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Attn: Tom Stratton - became the new Operator of the above mentioned well.



18. I hereby certify that the foregoing is true and correct

SIGNED Eva Kardas *Eva Kardas* TITLE Production Technician DATE 12/1/92

(This space for Federal or State office use)

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5. LEASE DESIGNATION AND SERIAL NO.

SRM 1102

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jones Com

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Revelation

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 9 T22S R25E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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.
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1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

HALLWOOD PETROLEUM, INC.

1-6-7-1992

3. ADDRESS OF OPERATOR

P. O. Box 378111, Denver, Colorado 80237

O.C.D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit I 1980' FSL 660' FEL

14. PERMIT NO.

30-015-21859

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3520 GR, 3533 KB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change of Operator

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

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SIGNED

Eva Kardas

TITLE

Production Technician

DATE

12/1/92

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APPROVED BY

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DATE

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Section 9 T22S R25E
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13. STATE
NM

SUNDRY NOTICES AND REPORTS ON WELLS

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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER
10-7-1992
2. NAME OF OPERATOR
HALLWOOD PETROLEUM, INC.
J. C. D.
3. ADDRESS OF OPERATOR
P. O. Box 378111, Denver, Colorado 80237
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit I 1980' FSL 660' FEL
14. PERMIT NO.
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15. ELEVATIONS (Show whether DF, RT, GR, etc.)
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NOTICE OF INTENTION TO:

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FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Change of Operator ☒
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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