

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Form approved  
Budget Bureau No. 1004-4.3  
Expires August 31, 1985

45F

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Hallwood Petroleum, Inc.	8. FARM OR LEASE NAME Avalon Federal 32
3. ADDRESS OF OPERATOR P.O. Box 378111, Denver, CO 80237	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	10. FIELD AND POOL OR WILDCAT Avalon Strawn
1265' FNL & 1303' FEL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32-T20S-R27E
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE Eddy NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	

RECEIVED

AUG -2 '90

C. C. D.

ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

RIPOUT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

XX

(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 6/1/90 Quinoco Petroleum, Inc.'s (operator #46459) name changed to Hallwood Petroleum, Inc.

ACCEPTED FOR RECORD

JUL 11 1990

CARISBAC FIELD WORK

CARD AREA  
JUL 13 10 50 AM '90

RECEIVED

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

SIGNED

*Wally S. Richardson*

TITLE Sr. Ops. Eng. Tech.

DATE

6/26/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side