

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION  
2040 S. Pacheco  
Santa Fe, New Mexico 87505

DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

DISTRICT II

P. O. Drawer DD, Artesia, NM 88210-2834

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
**30-015-23203**

5. Indicate Type of Lease  
State

6. State Oil & Gas Lease No.  
NM2672

7. Lease Name or Unit Agreement Name  
**Catclaw Draw Unit**

8. Well No.  
**13**

9. Pool name or Wildcat  
**Catclaw Draw Morrow**

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator

**Hallwood Petroleum, Inc.**

3. Address of Operator

**P. O. Box 378111, Denver, CO 80237**

4. Well Location

Unit Letter **O** : **660** Feet From The **South** Line and **1980** Feet From The **East** Line  
Section **26** Township **21S** Range **25E** NMPM **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3572 KB 3553 GL**

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

THE RECENT WORKOVER DID NOT RESULT IN INCREASED GAS PRODUCTION FROM THE MORROW 'C' ZONE. THEREFORE, HALLWOOD PLANS TO ABANDON THE MORROW 'C' AND RECOMPLETE UPHOLE TO SIX (6) PNP ZONES IN THE MORROW 'A', 'B' AND 'NBS' INTERVAL FROM 10,384-10,578' (GROSS). WE PLAN ON DOING THIS WORKOVER DURING SPETEMBER 1999.

PLEASE SEE ATTACHED FOR PROCEDURES.

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

Production Reporting  
Supervisor

SIGNATURE *Nonya K. Durham*

TITLE

DATE **8/31/99**

TYPE OR PRINT NAME **Nonya K. Durham**

TELEPHONE NO. **(303) 850-6257**

(This space for State Use)

APPROVED BY

*Jim W. Green*  
*BGA*

TITLE

*District Supervisor*

DATE

**9-7-99**

CONDITIONS OF APPROVAL, IF ANY: