State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C/SF
Operator

OIL CONSERVATION DIVISION

2040 S. Pacheco
Santa Fe, New Mexico 87505

DISTRICT I
P. O. Box 1980, Hobbs, NM 88240
DISTRICT II
811 S. First St., Artesia, NM 88210-2834
DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-015-29687

5. Indicate Type of Lease
   STATE X   FEE ☐

6. State Oil & Gas Lease No.

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.)

RECEIVED
ARTESIA

7. Lease Name or Unit Agreement Name
   Catclaw Draw Unit 23

1. Type of Well:
   OIL   GAS
   WELL X   WELL ☐   OTHER

2. Name of Operator   Hallwood Petroleum, Inc.

8. Well No.
   3

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

9. Pool name or Wildcat
   Catclaw Draw (Delaware)

4. Well Location

Unit Letter ___K___ : ___1980___ Feet From The ___South___ Line and ___1980___ Feet From The ___West___ Line

Post EP-2
7-31-98
P & A

Section 23   Township 21S Range 25E   NMPM   Eddy   County

10. Elevation (Show whether DF, RKB, RI, GR, etc.)
    3330'' GL   3337' KB

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 X
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.
Please see attached for procedure.

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

SIGNATURE _____ TITLE ___Production Reporting Supervisor___ DATE ___1/21/98___
TYPE OR PRINT NAME ___Nonya K. Durham___ TELEPHONE NO. ___303-850-6257___
(This space for State Use)
APPROVED BY _____ TITLE ___Fld Rep___ DATE ___10-1-98___
CONDITIONS OF APPROVAL, IF ANY: