

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

MAR - 8 1995

WELL API NO. 30-015-34879 23879
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Fate 34
8. Well No. 1
9. Pool name or Wildcat Culebra Bluff So., Wolfcamp

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 N : 910 Feet From The South Line and 1980 Feet From The West Line Section 34 Township 23S Range 28E NMPM Eddy County 10. Elevation (Show whether LF, RKB, RT, GR, etc.) 3038' GL

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

Hallwood plans to acidize existing Wolfcamp perms, following the procedures listed below or about March 1, 1995 and completing March 15, 1995:

- PROCEDURE:
1. MIRU Western. Hook up treating lines to 2 3/8" tbg at wellhead. Use the saver.
 2. Treat Wolfcamp with 4000 gal 15% HCl, 6000 gal CO₂ and 180 ball sealers.
 3. Shut in for 1 hour, flow back for cleanup, place on production.

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

SIGNATURE Nonya K. Durham TITLE Production Technician DATE 3-1-95

TYPE OR PRINT NAME Nonya K. Durham TELEPHONE NO. 303-4-1-1

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUL
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 7 1995

CONDITIONS OF APPROVAL, IF ANY: