

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 88210-2834

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 S. Pacheco

Santa Fe, New Mexico 87505

WELL API NO.
30-015-24144

5. Indicate Type of Lease
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.)

7. Lease Name or Unit Agreement Name

Pardue 30 Com

1. Type of Well:

OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator

Hallwood Petroleum, Inc.

8. Well No.

1

3. Address of Operator

P. O. Box 378111, Denver, CO 80237

9. Pool name or Wildcat

Loving North Morrow

4. Well Location

Unit Letter **E** : **1980** Feet From The **North** Line and **983** Feet From The **West** Line
Section **30** Township **23S** Range **28E** NMPM **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3089' 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.

Hallwood plans to plug and abandon this well during September 1999, as we believe this well is an uneconomical Morrow gas well and no additional potential exists in this well bore.

Please see attached for procedures.

RECEIVED
OCD ARTESIA

* Bridge gel between all cement plugs.

* Notify NMP, OCD to witness Plugging Operations.

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 **5/27/99**

TYPE OR PRINT NAME

Nonya K. Durham

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

(This space for State Use)

APPROVED BY

meads

TITLE **Field Rep. II**

DATE **6/9/99**

CONDITIONS OF APPROVAL, IF ANY: