

OIL CONSERVATION DIVISION

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

2040 S. Pacheco
Santa Fe, New Mexico 87505

WELL API NO.
30-015-24922

5. Indicate Type of Lease

STATE ☐

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.)

1. Type of Well:

OIL

GAS

WELL ☒

WELL ☐

OTHER

2. Name of Operator

Hallwood Petroleum, Inc.

3. Address of Operator

P. O. Box 378111, Denver, CO 80237

7. Lease Name or Unit Agreement Name

Craft 25 Com

8. Well No.

1

9. Pool name or Wildcat

Rock Spur Bone Springs

4. Well Location

Unit Letter B : 660 Feet From The North Line and 2310 Feet From The East Line

Section 25 Township 24S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RI, GR, etc.)
2917' 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.

This well was plugged 9/6/96 following these procedures:

8/27/96 Spot 50 sxs @ 11,200-10,600' tagged
8/27/96 Spot 50 sxs @ 9,600-9,400'
8/28/96 Spot 50 sxs @ 8,800-8,550' tagged
9/4/96 Spot 45 sxs @ 6,050-5,926' tagged, pulled 6,000' casing
9/5/96 Spot 100 sxs @ 2,600-2,420' tagged
9/6/96 Spot 25 sxs @ 2,420-2,300'
9/6/96 Spot 75 sxs @ 600-400' tagged
9/6/96 Spot 35 sxs @ 100' - surface

Install dry hole marker, circ hole with 10# mud.

RECEIVED

OCT - 4 1996

OIL CON. DIV.
DIST. 2

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

SIGNATURE Nony K. Durham TITLE Production Reporting Supervisor DATE 10/2/96

TYPE OR PRINT NAME Nony K. Durham TELEPHONE NO. 303-850-6257
(This space for State Use)

APPROVED BY [Signature] TITLE Chief Rep DATE 12/4/96