Submit 3 Copies to Appropriate District Office

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Form C-103 Revised 1-1-89	ľΔ
Revised 1-1-89	γ

State of New Mexico Engly, Minerals and Natural Resources Department OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.U. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-015-25812 Santa Fe. New Mexico 87504-2088 DISTRICTII 5. Indicate Type of Loase P.O. Drawer DD, Artesia, NM 882102 SIAIE ree [DISTRICTIII 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aziec, NM 874107 V - 1578SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Harkey 35 State WELL | weil X OTHER 1. Well No. Name of Operator Hallwood Petroleum, Inc. 9. Pool name or Wildcat 1 Address of Operator ARTECUL OFFICE P.O. Box 378111, Denver, CO 80237 4 Well Location 1980 Feet From The _ : _ 2180 Feat From The ___ South East Line and __ Unit Letter thip 245 Range 27E

10. Elevation (Show whether DF, RKB, RI, GR, etc.) MMPM County Township 3,194' KB, 3,171' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB L **PULL OR ALTER CASING** 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 Petroleum, Inc. plans to work on the subject well that is completed in the Wolfcamp zone at 10,364-10,380' this work will involve the following: 1) Pulling tubing out of the hole. 2) Reperforate the Wolfcamp zone at 10,360-10,380' with 4 SPF. 3) Hydrotesting tubing and running 2-7/8" tubing and packer to 10,050'. 4) Flow testing the Wolfcamp and running a bottom hole pressure build-up test to evaluate for additional stimulation work.

I hereby certify that the jefformation above is true and appropriate to the best of my knowledge and belief. mre Sr. Engineering Tech. (303)Bruce Hoffman TELETHONE NO.8 50 - 625TYPE OR PRINT NAME

(This spece (or State Use)

JUN 2 2 1994

SUPERVISOR, DISTRICT H APPROVED BY -

CONDITIONS OF APPROVAL, IF ANY: