Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

ı	Form	C-I	i OS	
1	Revis	eH 1	.1.20	

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

WELL API NO. 30-045-28894

P.O. Driwer DD, Ariedia, NM \$82102 Santa Fe, New Mexico	87504-2088 30-045-28894
DISTRICT III 1000 Rio Briazos Rd., Aziec, NM 874107	5. Indicate Type of Loase STATE FEE X
SUNDRY NOTICES AND REPORTS ON WE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPER DIFFERENT RESERVOIR, USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.)	NOR PLUG BACK TO A
I. Type of Well: OIL GAS WELL WELL X OTHER	Shiotani
1. Name of Operator Hallwood Petroleum, Inc. 3. Address of Operator	8. Well No.
P. O. Box 378111, Denver, Colorado 80	9. Pool name or Wildcat Basin Fruitland
Unit Letter K: 1530 Feet From The South Section 32 Township 30N Rection 1500 South	120
10. Elevation (Show whether 5408' GL & 5421	DF, RKB, RT, GR, etc.) County KB
Check Appropriate Box to Indicate 1 NOTICE OF INTENTION TO:	Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK X PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB

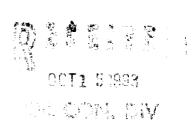
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including entimated date of starting any proposed work) SEE RULE 1103.

Hallwood Petroleum; Inc. plans to perform remedial work on the subject well consisting of:

1) ND tree, NU BOP's, pull rods and tubing

Original Signed by CHARLES GHOLSON

- 2) Perforate Basal Fruitland Coal at 1415-1458' with 8 SPF.
- 3) Fracture stimulate 1415-1458' with approximately 150,000# of sand in a water base gelled frac fluid
- 4) Put well back on pump and return to production.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE CM	Judan	mme Production Technician	DATE 10/11/93		
TYPE OR PRINT NAME	Eva Kardas		(303) TELETIONE NO. 850-6282		
(This space for State Use)					

CONDITIONS OF AFTROVAL, IF ANY:

APTROVED BY

DEPTH A THE BOAS INSPECTOR, DIST. 63

DATE

1993