Submit 3 Copies o Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C	·103
Revised	1-1-49

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LL API NO.		
00 015 00051	:	
30-045-28874	,	

DISTRICT] 2.O. Box 1980, Hobbs, NM 88240	Box 1980, Hobba, NM \$1240 P.O. Box 2088		WELL API NO. 30-045-28874	
STRICT II Santa Fe, New Mexico 87504-2088 D. Drawer DD, Ariesia, NM \$82108		5. Indicate Type of Loane STATE FEE : 6. State Oil & Gas Lease No.		
STRICT III UU Rio Brizos Rd., Aziec, NM 874167				
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.)				
		OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
. Type of Well: OIL OAS WELL X			Robinson 34	
Name of Operator	T		8. Well No.	
Hallwood Petrole Address of Operator	um, Inc.		9. Pool name or Wildcat	
P.O. Box 378111,	Denver, CO 80237			
Well Location Unit Letter N : 79	O Feet From The South	Line and19	910 Feet From The West Line	
Section 34			NMPM San Juan County	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)		
L Check	Appropriate Box to Indicate I	Vature of Notice, R	eport, or Other Data	
NOTICE OF INT	ENTION TO:	SUBSEQUENT REPORT OF:		
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT	
ULL OR ALTER CASING	_	CASING TEST AND CEMENT JOB		
ITHER:		OTHER: Main	tain T X A Status X	
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent details, an	1 ad give periment dates, inclu	ding estimated date of starting any proposed	
a Temporarily Ab intentions of pr for simultaneous	andoned well. We had oducing the well. A	ve no equipme pproval of th buted to our	is well be approved as nt on the well and no is Sundry will allow offset replacement well - for that well.	
			APR 1: 1994	
			CH CON DIA	
I hereby certify that the information above is try	and complete to the best of my knowledge and			
SKONATURE SAME MASS	TI TI	me Sr. Engin	eering Tech. 4/7/94	
TYPE OR PRINT NAME Bruce Ho	ffman		тецен юме мо.	
(This space for State Use)		OFPUTY ON A GAS II	NSPECTOR DIST 43 ADD 1 2 1994	

ORIGINAL SIGNED BY ERNIE BUSCH

CONDITIONS OF APPROVAL, IF ANY: