

|  |                          |                           |  |   |  |              |  |
|--|--------------------------|---------------------------|--|---|--|--------------|--|
| Operator   |                          | HALLWOOD PETROLEUM, INC.  |  | Well API No.                                    |  | 30-025-27050 |  |
| Address  |                          |                           |  |   |  |              |  |
| P. O. Box 378111, Denver, Colorado 80237                         |                          |                           |  |   |  |              |  |
| Reason(s) for Filing (Check proper box)                          |                          |                           |  | <input type="checkbox"/> Other (Please explain) |  |              |  |
| New Well   | <input type="checkbox"/> | Change in Transporter of: |  | Transporter will change effective 4/1/91        |  |              |  |
| Recompletion   | <input type="checkbox"/> | Oil                       | <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |   |  |              |  |
| Change in Operator   | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/> Condensate <input type="checkbox"/>         |   |  |              |  |
| If change of operator give name and address of previous operator |                          |                           |  |   |  |              |  |

|             |              |          |     |                                |                 |               |                             |               |        |
|-------------|--------------|----------|-----|--------------------------------|-----------------|---------------|-----------------------------|---------------|--------|
| Lease Name  | STATE 30 COM | Well No. | 3   | Pool Name, Including Formation | Baum Upper Penn | Kind of Lease | <u>State</u> Federal or Fee | Lease No.     | K-6207 |
| Location    |              |          |     |                                |                 |               |                             |               |        |
| Unit Letter | 0            | :        | 660 | Feet From The                  | South           | Line and      | 1980                        | Feet From The | East   |
| Section     | 30           | Township | 13S | Range                          | 33E             | NMPM,         | Lea                         | County        |        |

|  |      |      |      |      |  |        |
|--|------|------|------|------|--|--------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    |      |      |      |      | Address (Give address to which approved copy of this form is to be sent) |        |
| PERMIAN SCURLOCK PERMIAN CORP EFF 9-1-91   |      |      |      |      | P.O.Box 1183, Houston, TX 77001  |        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> |      |      |      |      | Address (Give address to which approved copy of this form is to be sent) |        |
| WARREN PETROLEUM   |      |      |      |      | P.O.Box 1589, Tulsa, OK 74102  |        |
| If well produces oil or liquids,<br>give location of tanks.  | Unit | Sec. | Twp. | Rge. | Is gas actually connected?   | When?  |
|  | 0    | 30   | 13S  | 33E  | Yes  | 5/7/81 |
| If this production is commingled with that from any other lease or pool, give commingling order number:                  |      |      |      |      |  |        |

| 17. COMPLETION DATA                |                             |          |                 |          |          |        |                   |            |            |
|------------------------------------|-----------------------------|----------|-----------------|----------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) |                             | Oil Well | Gas Well        | New Well | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |          |        | P.B.T.D.          |            |            |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |          |        | Tubing Depth      |            |            |
| Perforations                       |                             |          |                 |          |          |        | Depth Casing Shoe |            |            |

| TUBING, CASING AND CEMENTING RECORD |                      |           |              |
|-------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE                           | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|                                     |                      |           |              |
|                                     |                      |           |              |
|                                     | 4                    |           |              |
|                                     | 1                    |           |              |

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| OIL WELL (Test must be after recovery of total volume of well oil and water.) |                 |   |            |
|---|-----------------|---|------------|
| Date First New Oil Run To Tank  | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test  | Oil - Bbls.     | Water - Bbls.                                 | Gas- MCF   |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Holly S. Richardson  
Signature  
Holly S. Richardson, Sr. Ops. Eng. Tech.  
Printed Name  
4/3/91  
Date  
(303) 850-6322  
Telephone No.

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Statements Form C-101 must be filed for each pool in multiply completed wells.