Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

5. Lease Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS  not use this form for proposals to drill or to deepen or reentry to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals  SUBMIT IN TRIPLICATE  e of Well Oil Gas Well Other  ne of Operator  Hallwood Petroleum, Inc.  iress and Telephone No.  P.O. Box 378111, Denver, CO 80237  cation of Well (Footage, Sec., T., R., M., or Survey Description)	NMO3023-A  6. If Indian, Allottee or Tribe Name  7. If Unit or CA. Agreement Designation  8. Well Name and No.  Bass Federal #2  9. API Well No.  30-015-24733
not use this form for proposals to drill or to deepen or reently to a dimercial structure of the control of the	7. If Unit or CA. Agreement Designation  8. Well Name and No.  Bass Federal #2  9. API Well No.
SUBMIT IN TRIPLICATE  e of Well Oil Oil Well Other ne of Operator  Hallwood Petroleum, Inc. iress and Telephone No.  D. Pork 378111. Denver, CO 80237	7. If Unit or CA. Agreement Designation  8. Well Name and No.  Bass Federal #2  9. API Well No.
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tress and Telephone No.  Denver, CO 80237	
D 0 Pay 378111. Denver, CO 80237	10. Field and Pool, or Exploratory Area
ration of Well (Footage, Sec., T., R., M., or Survey Description)	Hat Mesa-Delawar
	11. County or Parish, State
660' FSL & 1300' FEL Sec. 30-T20S-R33E	Lea County, NM
Sec. 30-1203-8331	
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	JRI, OR OTHER BATA
TYPE OF ACTIO	N
TYPE OF SUBMISSION	Change of Plans
Notice of Intent  Abandonment  Recompletion	New Construction
	Non-Routine Fracturing
Subsequent Report Plugging Back	Water Shut-Off
Casing Repair	Conversion to Injection
Final Abandonment Notice	X Disnose Water
Other	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.
escribe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of states of the leaving and measured and true vertical depths for all markers and zones pertinent to this work.)	ring any proposed work. If well is directionally drille
Request for approval of produced water disposal met See Attached Information.	
I hereby certify that the foregoing is true and correct  Signed All in Completed Title Rocky Mtn. & Mid-Co  (This space for Federal or State office use)  Approved by Orig. Signed by Advances to State of State o	er ntinentpate 4/11/94 Date 4/29/94
Conditions of approval, if any:	
Conditions of approval, if any:  ———————————————————————————————————	United States any false, fictitious or fraudulent state



