

N. M. OIL & GAS COMMISSION  
P. O. BOX 1980  
40833 NEW MEXICO 88240  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM 03023-A

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

5. Lease Designation and Serial No.

~~SW1051~~

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

10. Field and Pool, or Exploratory Area

Salt Lake S. Morrow

11. County or Parish, State

Lea County, NM

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do 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**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Hallwood Petroleum, Inc.

3. Address and Telephone No.

P. O. Box 378111, Denver, Colorado 80237

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 1300' FEL  
Section 30-T20S-R33E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☒ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other

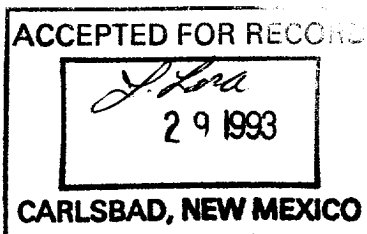
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

The June, 1993 Wolfcamp zone recompletion attempt was unsuccessful on the Bass Federal Com #2. Hallwood Petroleum, Inc. now recommends recompleting to two main Delaware zones (at approximately 7,900' and 6,800').

Please see attached procedure.



14. I hereby certify that the foregoing is true and correct

Signed Eva Kardas

Title Production Technician

Date 7/29/93

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

RECEIVED

OCD HOBBS  
OF ICE