Submit 3 Copies to Appropriate District Office	State of N Frergy, Minerals and Nat	lew Mexico tural Resources Departr	nert	Form C-103 Revised 1-1-89					
DISTRICT I P. O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P. O. Drawer DD, Artesia, NM 88210-2834 DISTRICT III	OIL CONSERVATION DIVISION 2040 S. Pacheco Santa Fe, New Mexico 87505			WELL API NO. 30-025-34550 5. Indicate Type of Lease FEE					
1000 Rio Brazos Rd., Aztec, NM 87410			6	. State Oil & Gas Lease No.					
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C-	7	7. Lease Name or Unit Agreement Name							
1. Type of Well: OIL GAS	HER	<u> </u>	I	Bass					
2. Name of Operator HALLWOOD PETROLEUM, INC.		8. Well No. 5							
3. Address of Operator P.O.Box 378111 Denver, CO 80		9. Pool name or Wildcat Hat Mesa - Delaware							
4. Well Location Unit Letter N : 660	Feet From The SOUTH	Line and 208	0	Feet From The WEST	Line				
Section 30	Township 20S	Range 33E	NMPM	Lea	County				
	10. Elevation (Show whether Di 3608' KB 3593' GL	F, RKB, RT, GR, etc.)			· · ·				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data									
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:									
PERFORM REMEDIAL WORK 🔀 🛛 PI	LUG AND ABANDON	REMEDIAL WORK	[ALTERING CASING					
TEMPORARILY ABANDON	HANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDONMENT	· []]				
PULL OR ALTER CASING		CASING TEST AND CEN	IENT JOB						
OTHER:		OTHER:							
12. Describe Proposed or Completed Operations (Tearly state all particent details and give partic								

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

Due to low production, Hallwood plans to abandon the Brushy Canyon zone (8012-8048') with a CIBP @ 8000' capped with 35' cement. Perforate, test and evaluate the Lower Delaware @ 7890-7900' (10') 4spf. Then perforate, test and evaluate the Upper Delaware zones @ 6916-6934' (18') and 6948-6954' (6') 4 spf. Run production tubing set up anchor and pump and rods. Put well on test. Return to production.

I hereby certify that the inform	mation above to rever and complete to the best of n		Production Reporting Supervisor	DATE 4/	9/99
TYPE OR PRINT NAME	Nonya K Durham			TELEPHONE NO. 303	-850-6257
(This space for State Use)	05.00 41.1			· · · · · · · · · · · · · · · · · · ·	
APPROVED BY	e e e e e e e e e e e e e e e e e e e	TITLE	·	DATE	-
CONDITIONS OF APPROV	AL, IF ANY:				······································