

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-01408
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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.)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

7. Lease Name or Unit Agreement
Name:

Denius Federal

2. Name of Operator Southwestern Energy Production Company	8. Well No. 8
3. Address of Operator 2350 N. Sam Houston Parkway East, Suite 300 - Houston, TX 77032	8. Pool name or Wildcat Corbin Abo
4. Well Location Unit Letter <u>I</u> : <u>1650</u> feet from the <u>S</u> line and <u>990</u> feet from the <u>E</u> line Section <u>34</u> Township <u>17S</u> Range <u>33E</u> NMPM Lea County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3916 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Locate and repair casing leak. Work to begin 2/7/00.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cathy Rowan TITLE Sr. Engineering Technician DATE 10/11/00
Type or print name Cathy Rowan Telephone No. 281-618-4733

(This space for State use)

ORIGINAL SIGNED BY OFFICIAL
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

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