

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources



CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
May 27, 2004

<b>SUNDRIES NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-35341
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator SOUTHWESTERN ENERGY PRODUCTION COMPANY		6. State Oil & Gas Lease No.
3. Address of Operator 2350 N. SAM HOUSTON PARKWAY, EAST, HOUSTON, TX 77032		7. Lease Name or Unit Agreement Name Karlsbad Corral SWD
4. Well Location Unit Letter <u>J</u> : <u>2222</u> feet from the <u>South</u> line and <u>2640</u> feet from the <u>East</u> line Section <u>11</u> Township <u>25S</u> Range <u>29E</u> NMPM County <u>Eddy</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3093' GL		9. OGRID Number <u>148111</u>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat SWD: Delaware
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. 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 COMPL ☐

OTHER: Perforate ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

13. 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 recompletion. (see attached).

Anticipate rig up completion unit 02/27/2007. Tag float collar @ 3948' and run GR-CBL. Given sufficient cement bond and zone isolation across authorized injection interval, perforate lower Bell Canyon from approximately 3648' - 3925' (100 holes non-continuous). Stimulate with 4500 gal 15% HCl and perform injection test. If insufficient injectivity, perform sand fracture stimulation using 99,000# 16/30 sand and 53,000 gal 25# cross-link gel.

If lower Bell Canyon still has insufficient injectivity, perforate upper interval from approximately 3278'-3604' (100 holes non-continuous). Repeat above acid and possible sand fracture stimulations as above.

Install 2-7/8" internally-coated injection tubing with injection packer set at approximately <sup>50'</sup> 100' above top perforations. Perform mechanical integrity test and commence injection.

Notify OCD 24 hrs. prior to  
~~any work done.~~ MIT Test

SWD order required to inject  
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Martha C Howard TITLE Staff Reg. Analyst DATE 2-21-2007

Type or print name Martha C. Howard E-mail address:

**For State Use Only** BRYAN G. ARRANT  
DISTRICT II GEOLOGIST

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

Telephone No. 281-618-4887  
**FEB 28 2007**