

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

Form C-103  
 Revised March 25, 1999

<b>SUNDRY 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. 30-025-03035-00-00
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input 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, Inc.		6. State Oil & Gas Lease No. 30-025-03035-00-00
3. Address of Operator PO Box 1116, Lovington, NM 88260		7. Lease Name or Unit Agreement Name: State v.
4. Well Location Unit Letter _____ L: 2051 feet from the South line and 589 feet from the East line Section 36 Township 17 S Range 35 E NMPM Lea County		8. Well No. 001
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Vacuum: Abo Reef

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: Currently shut-in <input checked="" type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

Mechanical problems developed. we have pulled the well and replaced the pump twice. Each time additional mechanical problems have developed. We are awaiting a pulling unit to repair the well. Because of these mechanical problems, we have been unable to perform the Gas-Oil Ratio Test.

RECEIVED  
 Hobbs  
 OCD

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

SIGNATURE Dwayne Burris TITLE CFO DATE 2-24-03

Type or print name Dwayne Burris Telephone No. 505 396-3681

(This space for State use)  
 ORIGINAL SIGNED BY  
 APPROVED BY GARY W. WINK TITLE MANAGER DATE MAR 03 2003  
 Conditions of approval, if any:

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 C

Southwestern, Inc.

Case 14007  
 OCD Exhibit No. 6