Submit 3 Copies To Appropriate Di Office	Diate of	State of New Mexico			Form C-103	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 883	Energy, Minerals	TO TAKE	ral Resources	WELL API NO.	May 27, 2004	
District II	OIL CONSERV	/A I	DIVISION	30-015-33792		
1301 W. Grand Ave., Artesia, NM 8 District III	1220 Sout			5. Indicate Type of Least STATE	se FEE	
1000 Rio Brazos Rd., Aztec, NM 87 District IV	7410	e, NM 87		6. State Oil & Gas Leas		
1220 S. St. Francis Dr., Santa Fe, Ni 87505	М			25212		
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.)				7. Lease Name or Unit Agreement Name NO BLUFF STATE COM		
1. Type of Well: Oil Well Gas Well Other				8. Well Number 3		
2. Name of Operator				9. OGRID Number 148111		
SOUTHWESTERN ENERGY PRODUCTION COMPANY 3. Address of Operator				10. Pool name or Wildcat		
2350 N. SAM HOUSTON PARKWAY, EAST, HOUSTON, TX 77032				RED LAKE QUEEN-GRAYBURG; SAN ANDRES		
4. Well Location						
Unit Letter <u>E</u>			I line and 3			
Section 3	Township 11. Elevation (Show wh		Range 27E	NMPM	County Eddy	
	3595		nub, KI, OK, etc./			
Pit or Below-grade Tank Application or Closure						
Pit typeDepth to Gr	 			ance from nearest surface water	:r	
Pit Liner Thickness:	mil Below-Grade Tank: Vo			nstruction Material		
12. Ch	eck Appropriate Box to In	dicate Na	ature of Notice,	Report or Other Data		
NOTICE C PERFORM REMEDIAL WOR TEMPORARILY ABANDON PULL OR ALTER CASING	OF INTENTION TO: RK PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL		SUBS REMEDIAL WORK COMMENCE DRII CASING/CEMENT	LLING OPNS.☐ P ANI	RING CASING	
OTHER: RECOMPLETE			OTHER:			
of starting any propos	completed operations. (Clearly sed work). SEE RULE 1103. Fapletion. (see attached).					
03/29/2006 – 04/26/2006 Plugback Glorieta-Yeso and recomplete to the San Andres. Set bridge plug @ 2868', perforate San Andres from 2007' – 2435' and 2493'-2807'. Perform two stage acid and sand fracture stimulation by treating with 2500 ga;. 15% HCL and 140,300 # 20/40 sand per stage.						
		•				
	ation above is true and complet					
grade tank has been/will be construc	cted or closed according to NMOCD		_	A	CD-approved plan □.	
SIGNATURE / NON	ha C. Doward	TITLE 5	taff Regula	tory Hnalyst DAT	E 11.10.3006	
Type or print name Martha C.	Howard E-mail address:		Tele	ephone No. 281-681-4887	7	
For State Has Only	OR RECORDS ONLY	,		N	t are a .	
APPROVED BY:		TITLE		DAT	(DV 1 5 2006	
Conditions of Approval (if any		III LL		DAT	<u> </u>	
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