Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

c1512

Oil C. 1s. FORM OMB N. N. M. DIV-Dist. 2 Expires No. 1301 W. Grand Avenue 17.

Do not use the abandoned w	his form for proposals to ell. Use Form 3160-3 (AP	odrill or to re-end) for such propo	ter antesia. NM	88210	an, Allottee or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on reverse side				7. If Unit	or CA/Agreement, Name and/or No.
1. Type of Well		·	A567891077	-	,
Oil Well Gas Well	Other	19		8 Well N	Name and No.
2. Name of Operator		//-	Empire Deep "29" Federal #		
Southwestern Energy 1	Production Company	/ন্	Dr. 11 4 1/1/2	9. API W	
3a. Address 2350 N. Sam		3b. Phone No. (in	ange urda/yade)	31	-115-31152
Suite 300, Houston, 3		281-638-	4739 ARIFO	· 10. Field a	and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description		1) (6)		Empire	
Sec 29, T17S, R29 E				11. County or Parish, State	
660' FSL , 660' FWL			2527332426000	Eddy	
	PPROPRIATE BOX(ES) To	O INDICATE NA	TURE OF NOTICE, I	REPORT, O	R OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION				
	☐ Acidize	Deepen Deepen	Production (Sta	rt/Resume)	☐ Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		☐ Well Integrity
Subsequent Report	Casing Repair	New Construction	on 🔲 Recomplete		XX Other Run 13-3/8 Csg
	Change Plans	Plug and Aband	on Temporarily A	bandon	
☐ Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
testing has been completed. Find the determined that the site is ready 03/28/02 - 03/29/	olved operations. If the operation nal Abandonment Notices shall be for final inspection.)	n results in a multiple be filed only after all	, 48#, H-40 STC	casing CR RECC	ORD
14. I hereby certify that the foregoin	ng is true and correct				
Name (Printed/Typed)					
Vonnie J. Cermi	.n	Title	Production Ar	alyst	
Signature / MML		- Date	April 01, 200	2	
	THIS SPACE F	OR FEDERAL O	R STATE OFFICE US	E	
			1	T	

Title

Office

Date

BUREAU CF LA'ID MGMT. ROSWELL OFFICE

04:8 MA 2- A9A SOOS

RECEINED