Submit 3 Copies To Appropriate District  State of New Mexico  Office  Minorale and Network Date  Office	Form C-103
Office  District I  1625 N. French Dr., Hobbs, NM 88240  Energy Minerals and Natural Reso	
District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 RECEIVED District IV  OCD - ARTESIA District IV  OCD - ARTESIA	ION  30-015-32227  5. Indicate Type of Lease  STATE X FEE
District III 1000 Rio Brazos Rd., Aztec, NM 87410RECENTESIA District IV 2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPERTIES OF PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name:
PROPOSALS.)  1. Type of Well:	Leatherstocking "18" State
Oil Well X Gas Well Other  2. Name of Operator	8. Well No. 1
Southwestern Energy Production Company	O Deal some of Wildow
3. Address of Operator 2350 N. Sam Houston Parkway East, Suite 300 – Houston, TX 77032	8. Pool name or Wildcat Illinois Camp; Morrow
4. Well Location	
Unit Letter D: 1310 feet from the N line and 1310 feet from the W line	
Section 18 Township 18S Range 28E 10. Elevation (Show whether DR, RKB, R	
3583' GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK □ PLUG AND ABANDON □ REMEDIAL	SUBSEQUENT REPORT OF: DIAL WORK ALTERING CASING
TEMPORARILY ABANDON	ENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	G TEST AND X
OTHER: 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 recompletion.	
05/02/02 thru 05/06/02	
Drl to 2700'. Run 63 jts 9-5/8" 40#, J-55 LT&C csg to 2700'. Cmt w/650 sx Class C. Tail w/200 sx Class C. Circ to surf. WOC 18 hrs. Tst csg. OK.	
I hereby certify that the information above is true and complete to the best of my	y knowledge and belief.
SIGNATURE / My JO TITLE Product Type or print name Vernie J. Cermin/	tion Analyst DATE 05/0702 Telephone No. 281-618-4739
(This space for State se) ORIGINAL SIGNED BY TIM W. QUM	
APPPROVED BY SUPERVISOR TITLE  Conditions of approval, if any:	DA MAY 18 202