Submit 3 Copies To Appropriate District State of New Mexico Office	
District I A Energy Wilnerals and Natural F	tosourtes
1625 N. French Dr., Hobbs, Net 88240  District II  1301 W. Grand Ave, Artesia NM 88210  RECEIVED  RECEIVED  2003  OUT SERVATION DIVIDING THE PROPERTY OF THE P	VISION 30-015-32571  5. Indicate Type of Lease
District III RECEIVED 2040 South Pacheco	SIAIE   FEE L
1000 Rio Brazos Rd., Aztec MM 874000 - ARTESIA District IV 2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BADIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SU	ACK TO A Name:
PROPOSALS.)	Falcon "10"
1. Type of Well: Oil Well X Gas Well  Other	
2. Name of Operator	8. Well No. 1
Southwestern Energy Production Company	8. Pool name or Wildcat
3. Address of Operator 2350 N. Sam Houston Parkway East, Suite 300 – Houston, TX 77032	Willow Lake, Delaware, SW
4. Well Location	Willow Edito, Dolawaro, 5W
Unit Letter G: 1793 feet from the N line and 2450 feet from the E line	
Section 10 Township 25S Range	28E NMPM Eddy County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 2936' GR	
11. Check Appropriate Box to Indicate Nature	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  RE	MEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON	MMENCE DRILLING OPNS. PLUG AND ABANDONMENT
1 000 011 1011 011011 011011	SING TEST AND  MENT JOB
OTHER:	HER:
12. Describe proposed or completed operations. (Clearly state all pertiner	nt 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.	
02/13/03 thru 03/06/03	
Drl to 5196. Run 117 jts 5-1/2" 17#, N-80 BTC csg to 5196'. Cmt w/426 sx Class C. Circ to surf. WOC 18 hrs. Tst csg. OK.	
TD @ 6675 on 3/6/03. Release rig @ 12:00 pm CST 03/06/03. WOCU.	sa clust c. one to our. West to ins. 1st org. ore.
I hereby certify that the information above is true and complete to the best	of my knowledge and belief.
SIGNATURE / TILLE D	<u>rilling Technician</u> <u>DATE</u> <u>3/28/03</u> Telephone No. 281-618-4739
APPPROVED BY	
	DATE
Conditions of approval, if any:	