Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-015-21138
1301 W Grand Ave, Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505.	STATE FEE State Oil & Gas Lease No.
1220 S. St Francis Dr, Santa Fe, NM		State on & Gas Lease No.
87505 SUNDRY NOTIC	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS.	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	H. F. "13" Com
PROPOSALS)	ATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number 1
1. Type of Well: Oil Well 2. Name of Operator	Gas Well Other OCT 16 2008	0. OCRID N 149111
SOUTHWESTERN ENERGY PRO	DUCTION COMPANY OCD-ARTESIA	9. OGRID Number 148111
3. Address of Operator		10. Pool name or Wildcat
	AY, EAST, HOUSTON, TX 77032	Laguna Salado, Morrow 96642
4. Well Location		
1	feet from theNorth line and236 Township 23S Range 28E	
	Township 23S Range 28E 11. Elevation (Show whether DR, RKB, RT, GR, etc.,	NMPM Eddy County
	2972	
Pit or Below-grade Tank Application ☐ or Closure ☐		
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR	-
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS COMMENCE DRI MULTIPLE COMPL CASING/CEMEN	
FULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	T JOB
OTHER: Cancel Re-Entry Permit	OTHER:	
	eted operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: <u>Attach wellbore diagram of proposed</u> completion or recompletion. (see attached).		
Southwestern requests the re-entry pe	rmit be cancelled.	
	÷	
	•	
		•
I hereby certify that the information a	have is true and complete to the best of my knowledge	e and halief. I fourther coutify that any nit or halow
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.		
SIGNATURE Northa C	. Howard TITLE Staff Reg. A	nalist DATE 10.15.08
SIGNATURE WE TEST	1112 A 100 A 14	TRACE TO 13 08
Type or print name	E-mail address:	Telephone No.
For State Use Only	Sugar	OCT 16 2008
APPROVED BY: / JUNE 1	TITLE Gerry Guye	DATE
Conditions of Approval (if any)	Compliance Offi	cer