

Submit 3 Copies to appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-35335
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-1624-1
7. Lease Name or Unit Agreement Name Slippery Rock "20" State
8. Well Number 1
9. OGRID Number 14811
10. Pool name or Wildcat Vacuum Abo North

**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.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator Southwestern Energy Production Company
3. Address of Operator 2350 N. Sam Houston Parkway East, Suite 300 - Houston, TX 77032

4. Well Location Unit Letter J : 2120 feet from the S line and 1840 feet from the E line Section 20 Township 17S Range 35E NMPM Lea County
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11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3968' GR
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Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance 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 <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

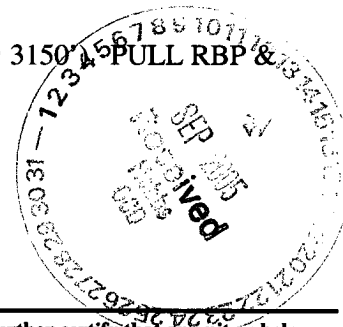
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

REPAIR FAILED BRADENHEAD TEST - PROPOSED TO PULL RODS & TBG. TIH W/ RBP & SET @ 6000'.

TEST 5- 1/2" CSG TO 300 PSI. IF CSG TEST, RU PUMP ON 5-1/2" x 8-5/8" ANNULUS & ESTABLISH INJECTION.

PUMP +/- 100 BBLs CEMENT DOWN ANNULUS (VOLUME FROM SURFACE TO TOC @ 3150'). PULL RBP & SET @ 6000'.

RUN TBG & RODS. PLACE WELL BACK ON PRODUCTION.



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 Kurt Butler TITLE: Production Engineer DATE September 13, 2005

Type or print name Kurt Butler E-mail address: kurt.butler@swn.com Telephone No. 281-618-4749

**For State Use Only** OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: Gary W. Wink TITLE \_\_\_\_\_ DATE SEP 15 2005

Conditions of Approval (if any):