| Submit 3 Copies To Appropriate District<br>Office<br><u>District I</u>   | State of New Mexico<br>Energy, Minerals and Natural Resources<br>OIL CONSERVATION DIVISION<br>2040 South Pacheco<br>Santa Fe, NM 87505 |                   |                              | Form C-103<br>Revised March 25, 1999<br>WELL API NO.                        |             |          |  |  |
|--|--|-------------------|------------------------------|---|-------------|----------|--|--|
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u><br>811 South First, Artesia, NM 88210<br><u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u><br>2040 South Pacheco, Santa Fe, NM 87505         |  |                   |                              | 30-025-35325           5. Indicate Type of STATE           6. State Oil & G | FEE         |          |  |  |
| SUNDRY NOTICI<br>(DO NOT USE THIS FORM FOR PROPOSA<br>DIFFERENT RESERVOIR. USE "APPLICA"<br>PROPOSALS.)<br>1. Type of Well:<br>Oil Well X Gas Well   | VA1624-1<br>7. Lease Name c<br>Name:<br>Butkus "2" State   | or Unit Agreement |                              |   |             |          |  |  |
| 2. Name of Operator<br>Southwestern Energy Production Company  |  |                   |                              | 8. Well No. 1   |             |          |  |  |
| <ol> <li>Address of Operator</li> <li>2350 N. Sam Houston Parkway East, Suite 300 – Houston, TX 77032</li> </ol>   |  |                   |                              | 8. Pool name or Wildcat<br>Osudo, Morrow West                               |             |          |  |  |
| 4. Well Location Unit LetterP/16 : 3300 feet from theS line andfeet from the line  |  |                   |                              |   |             |          |  |  |
| Section 2 Township 21S Range 34E NMPM Lea County<br>10. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3705' GR   |  |                   |                              |   |             |          |  |  |
| 11. 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 WORK       ALTERING CASIN |  |                   |                              |   |             | G 🗆      |  |  |
|  | CHANGE PLANS   |                   | COMMENCE DRI                 | LING OPNS.  | PLUG AND    |          |  |  |
|  | MULTIPLE<br>COMPLETION   |                   | CASING TEST AN<br>CEMENT JOB | D 🗆   | ABANDONMENT | <u> </u> |  |  |
| 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.

3/30/01 thru 4/18/01 MIRU CU. Perf f/ 13,101-128', 13,193-2-2' and 13,201-207'. Set CIBP @ 13,165'. Set packer @ 13,015'. Run tubing. Test well. Rel rig. Put on production 5/21/01.

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. |       |                        |              |           |  |  |  |  |  |
|--|-------|------------------------|--------------|-----------|--|--|--|--|--|
| SIGNATURE <u>Fabricio</u> Farmen<br>Type or print name Patricia Farmer                                   | TITLE | Sr. Production Analyst | DATE         | 04/17/01  |  |  |  |  |  |
| Type or print name Patricia Farmer   |       | Telephone No.          | 281-618-4739 |           |  |  |  |  |  |
| (This space for State use)   |       | OF States              |              |           |  |  |  |  |  |
| APPPROVED BY   | TITLE | OF CARLENS AND BY      | DATE         | 1 - 20 ge |  |  |  |  |  |
| Conditions of approval, if any:  |       | FIELD REP. 11          |              | <u> </u>  |  |  |  |  |  |

J.



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