

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

Form C-103
 Revised March 25, 1999

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 Inc. 3. Address of Operator: PO Box 1116, Lovington, NM 88260 4. Well Location: Unit Letter _____ L _____ 2051 feet from the South line and 589 feet from the East line Section 36 Township 17 S Range 35 E NMPM Lea County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) _____		WELL API NO. 30-025-03035-00-00 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. 30-025-03035-00-00 7. Lease Name or Unit Agreement Name: State v. 8. Well No. 001 9. Pool name or Wildcat Vacuum: Abo Reef
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11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: Currently shut-in <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

Mechanical problems developed. we have pulled the well and replaced the pump twice. Each time additional mechanical problems have developed. We are awaiting a pulling unit to repair the well. Because of these mechanical problems, we have been unable to perform the Gas-Oil Ratio Test.

RECEIVED
 Hobbs
 OGD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Dwayne Burris TITLE CFO DATE 2-24-03

Type or print name Dwayne Burris Telephone No. 505 396-3681

(This space for State use)
 ORIGINAL SIGNED BY
 APPROVED BY GARY W. WINK TITLE COMPLETION REPRESENTATIVE / STAFF MANAGER DATE MAR 06 2003
 Conditions of approval, if any:

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