Form C-103 Submit 3 Copies To Appropriate District State of New Mexico Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-35084 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505 6. State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 V5801-0 7. Lease Name or Unit Agreement SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Name: DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Bimini State/13 1. Type of Well: Oil Well X Gas Well ☐ Other 8. Well No. 2. Name of Operator Southwestern Energy Production Company 8. Pool name or Wildcat Address of Operator Wildcat; Drinkard 2350 N. Sam Houston Parkway East, Suite 300 – Houston, TX 77032 4. Well Location Unit Letter L: 1650 feet from the S line and 970 feet from the W line NMPM Lea County Township 17S Range 35E 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3921 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ☐ CHANGE PLANS **TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND □ MULTIPLE PULL OR ALTER CASING **CEMENT JOB** COMPLETION \square OTHER: Completion 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. 8/16/00 thru 8/30/00 MI RU CU. Perf from 6,977' - 7,222'. Swab. Acdz w/2750 gal 15% NEFE. Swab. Frac w/86,000# 20/40 Ottawa & 27,000# resin coated 20/40/ snd. EOT @ 6,950'. TAC @ 6,640'. Rel rig. Place on line 9/9/00. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE MYMY TITLE Drilling Technician DATE Type or print name Cathy Rowan Telephone No. 281-618-4733 (This space for State use) ORIGINAL FROME District Control of the second TITLE APPPROVED BY Conditions of approval, if any: