

Submit 3 Copies To Appropriate District
Office

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

☒ District I
1625 N. French Dr., Hobbs, NM 88240
☐ District II
811 South First, Artesia, NM 88210
☐ District III
1000 Rio Brazos Rd., Aztec, NM 87410
☐ District IV
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
30-025-35084

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V5801-0

7. Lease Name or Unit Agreement
Name:

Bimini State 13

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator
Southwestern Energy Production Company

8. Well No. 2

3. Address of Operator
2350 N. Sam Houston Parkway East, Suite 300 - Houston, TX 77032

8. Pool name or Wildcat
Wildcat; Drinkard

4. Well Location

Unit Letter L : 1650 feet from the S line and 970 feet from the W line

Section 13 Township 17S Range 35E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3921 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

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 recompilation.

7/20/00 - 7/23/00

Set 20" conductor @ 40'. Cmt w/9 sx ready mix. Spud @ 2115 hrs on 7/20/00. Drl to 1,795'. Run 43 jts 8 5/8" J-55 32# csg to 1,795'. Lead cmt w/565 sx 35:65 Poz Class C + 6% Gel + 0.25 PPS Celloflake. Tail w/ 255 sx Class C + 2% CACL. Circ cmt to surf. WOC 18 hrs. Tst csg. OK.

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

SIGNATURE Cathy Rowan TITLE Drilling Technician DATE 07/25/00

Type or print name Cathy Rowan Telephone No. 281-618-4733

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

