| Comparison Com | Submit 3 Copies To Appropriate District | State o | of New Mexico | Form | C -10 |
|--|--|---|-------------------------|---|--------------|
| DIL CONSERVATION DIVISION 2040 South Pacheco 2050 S | Office District I | ergy, Minera | ls and Natural Resource | es Revised March | |
| ## STATE OIL CONSERVATION DIVISION OIL CONSERVATION OIL CONSERVATION DIVISION OIL CONSERVATION OIL CONSERVATIO | | | | WELL API NO. | |
| STATE FEE STATE FEE | | OIL CONSER | RVATION DIVISION | | |
| Sathla Fe, NM 87305 | | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS OIL SEE THIS PORM HOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS) I. Type of Well-Oil Well-Oi | District IV | | Fe, NM 87505 | 6. State Oil & Gas Lease No. | |
| DONDT USE THIS FORM FOR PROPOSALS TO DRILLO A TO DEEPEN OR PLUG BACK TO A DEFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well Oil Well Gas Well SO Other 2. Name of Operator Southwestern Energy Production Company 3. Address of Operator Southwestern Energy Production Company 4. Well Location Unit Letter M 660 feet from the S line and 660 feet from the W line Section 25 Township 22*S Range 34E NMFM 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 □ REMEDIAL WORK □ ALTERING CASING □ COMPLETION □ 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 wellborre diagram of proposed completion or recompliation. Set 30° conductor @ 58°. Spud @ 9.00 am on 3/29/00. Drill to 1,860°. Run 1866 jts of 13 3/8° 61#, STC, K-55 csg to 1.860°. Cmt lead w/1200 sx 35/65 POZ C + 6% D-20 + 5% D-44 + 0.25 pps D-29. Tail w/ 300 sx class C + 2% S-1 + 0.25 pps D-29. WOC 18 I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Unit That Signature Title Drilling Technician DATE 04/03/00 Telephone No. 281-618-4733 TITLE Drilling Technician DATE 04/03/00 Telephone No. 281-618-4733 Conditions of approval, if any: OistRict 1 SUBSERVICED SIGNAMES | | | ONTHELLO | L | |
| Tin Cup "25 State Oil Well Gas Well State Other | (DO NOT USE THIS FORM FOR PROI DIFFERENT RESERVOIR. USE "APP | POSALS TO DRILL OR TO DE | EPEN OR PLUG BACK TO A | | • |
| 2. Name of Operator 3. Address of Operator 3. Address of Operator 4. Well Location Unit Letter M : 660 feet from the S line and 660 feet from the M line Section 25 Township 22 | 1. Type of Well; | ™ Other | | Tin Cup "25 State | |
| Southwestern Energy Production Company 3. Address of Operator 2350 N Sam Houston Parkway East, Suite 300 – Houston, TX 77032 4. Well Location Unit Letter M : 660 feet from the S line and 660 feet from the W line Section 25 Township 22¶S Range 34E 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 CHANGE PLUG AND ABANDON 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 recompliation. Set 30" conductor © 58". Spud @ 9:00 am on 3/29/00. Drill to 1,860". Run 1866 jts of 13 3/8" 61#, STC, K-55 csg to 1.860". Cmt lead w/1200 sx 35/65 POZ C + 6% D-20 + 5% D-44 + 0.25 pps D-29. Tail w/ 300 sx class C + 2% S-1 + 0.25 pps D-29. WOC 18 hrs. Tst csg to 1000 psi. OK. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE HANDON TITLE Drilling Technician DATE 04/03/00 Type or print name Caff, Rowan TITLE Drilling Technician DATE 04/03/00 Type or print name Caff, Rowan TITLE Drilling Technician DATE 04/03/00 Type or print name Caff, Rowan TITLE Drilling Technician DATE 04/03/00 Type or print name Caff, Rowan TITLE Drilling Technician DATE 04/03/00 Type or print name Caff, Rowan TITLE Drilling Technician DATE 04/03/00 Type or print name Caff, Rowan TITLE DATE 04/03/00 Type or print name Caff, Rowan TITLE DATE 04/03/00 Type or print name Caff, Rowan TITLE 04/03/00 | | Other C | | 8. Well No. 1 | |
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| SIGNATURE OHMY KOURN TITLE Drilling Technician DATE 04/03/00 Type or print name Caffy Rowan Telephone No. 281-618-4733 (This space for State use) APPPROVED BY ORIGINAL SIGNED BY CHIHIS WILLIAMS Conditions of approval, if any: DISTRICT I SUPERVISOR | of starting any proposed work or recompilation. Set 30" conductor @ 58'. Spud @ lead w/1200 sx 35/65 POZ C + 69 | c). SEE RULE 1103. For 9:00 am on 3/29/00. Dr | Multiple Completions: A | Attach wellbore diagram of proposed compless of 13 3/8" 61#, STC, K-55 csg to 1,860'. | etion Cmt |
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