## RECEIVED

Form 3160-5 (February 2005)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SEP 26 2011

FORM APPROVED OMB No. 1004-0137 Expires: March 31, 2007

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Bureau of Land Manage Serial No.  SUNDRY NOTICES AND REPORTS ON WELLS  SUNDRY NOTICES AND REPORTS ON WELLS					
SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an					
abandoned well. Use Form 3160-3 (APD) for such proposals.			6 If Indian, A	llottee or Tribe Name	
SUBMIT IN TRIPLICATE – Other instructions on page 2.			7. If Unit of C	A/Agreement, Name and/or No.	
1. Type of Well			Rosa Unit	,	
			8. Well Name	and No.	
Oil Well Gas Well Other				Rosa Unit #1E	
2. Name of Operator			9. API Well N	9. API Well No.	
Williams Production Company, LLC			30-039-254	30-039-25411	
3a. Address 3b. Phone No (inch PO Box 640 Aztec, NM 87410 505-333-1806		ide area code)	10. Field and Pool or Exploratory Area		
PO Box 640 Aztec, NM 87410  4. Location of Well (Footage, Sec., T.,R.,M., or Survey)		Blanco Mesaverde/Basin Dakota  11 Country or Parish, State			
830' FSL & 830' FEL, section 11, T31N, R6W			Rio Arriba, NM		
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA					
TYPE OF SUBMISSION TYPE OF ACTION					
			Start/Resume)	Water Shut-Off	
Notice of Intent  Actual  Alter Casing	Fracture Treat Reclamation		Well Integrity		
l ==					
Subsequent Report Casing Repair	New Construc		Other <u>Commingle</u>		
Change Plans Plug and Aban		don lemporarily	emporarily Abandon ——————		
Final Abandonment Notice Convert to Injection	Plug Back Water Disposal				
subsequent reports must be filed within 30 days fo recompletion in a new interval, a Form 3160-4 mu requirements, including reclamation, have been co Williams Production plans to commingle	st be filed once testing impleted and the operate	has been completed Final Abor has determined that the site	pandonment Notice e is ready for final	es must be filed only after all inspection.)	
procedure. Commingle authorization has	s been filed with t	he NMOCD. (copy at	tached)	200 000 000 000 000 000 000 000 000 000	
14. I hereby certify that the foregoing is true and correct	DHC 3659	ME	/2/	THE LANG DIV DIA	
Name (Printed/Typed)		/4	Segments DIA DIZ.		
Ben Mitchell		Title Regulatory Specialist			
Signature & WWW		Date 9/26/11		87(191814)EA	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)  Ben Mitchell  Title Regulatory Specialist  Date 9/26/11  THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by Jou Hunt		Title 6 4.0		Date 9-27-//	
Conditions of approval, if any, are attached. Approval of the certify that the applicant holds legal or equitable title to thowhich would entitle the applicant to conduct operations the	tor				
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1 United States any false, fictitious or fraudulent statements of			ully to make to any	department or agency of the	

(Instructions on page 2)