

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

Form C-103
May 27, 2004

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

WELL API NO. <u>30-045-32733</u>
5. Indicate Type of Lease State
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Cox Canyon Unit
8. Well Number #6C
9. OGRID Number 120782
10. Pool name or Wildcat Blanco MV

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
Williams Production Company

3. Address of Operator
P.O. Box 316, Ignacio, CO 81137

4. Well Location
Unit Letter B 1305 feet from the South line and 2095 feet from the East line
Section 16 Township 32N Range 11W NMPM County San Juan

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6,861' GR

Pit or Below-grade Tank Application ☒ or Closure

Pit type Drilling Depth to Groundwater >50' Distance from nearest fresh water well >1000' Distance from nearest surface water >1000'

Pit Liner Thickness 12 mil Below-Grade Tank: Volume 10,971 bbls; Construction Material

12. 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 COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

13. 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.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed of closed according to NMOCD guidelines X, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Don Hamilton TITLE Agent DATE December 7, 2004

Type or print name Don Hamilton E-mail address: starpoin@etv.net Telephone No. (435) 637-4075

For State Use Only

APPROVED BY: Deputy TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3 DATE DEC 22 2004