|   |  |   | REC   | EWE  | D  |                               |  |  |
|---|--|---|---|--|--|-------------------------------|--|--|
|   | DEPARTMENT (   | O STATES<br>OF THE INTERIOR<br>JD MANAGEMEN   | MAR   | 20 2014  |  | OMB N                         | APPROVED<br>Io. 1004-0137<br>March 31, 2007              |  |
|   |  | F   | aminato                                       | n Field Office   | 🗶 . Lease Seria  | l No.<br>che Co               | ontract #60  |  |
| SUNDRY NOTICES AND REPORTS ONUMELLS Land Manage<br>Do not use this form for proposals to drill or to re-enter an<br>abandoned well. Use Form 3160-3 (APD) for such proposals. |  |   |   |  | 6. If Indian, Allottee or Tribe Name   |                               |  |  |
|   |  | E – Other instructions  |   | sals.  | Jicarilla Apace<br>7. If Unit of C   |                               | eement, Name and/or No.                                  |  |
| 1. Type of Well   | ······································                                     |   |   |  | 8. Well Name   | and M                         |  |  |
| Oil Well Gas Well Other   |  |   |   |  | Indian I #1  |                               |  |  |
| 2. Name of Operator<br>Williams Production Company, LLC   |  |   |   |  | 9. API Well No.<br>30-039-07246  |                               |  |  |
| 3a. Address         3b. Phone No. (include area code)           PO Box 640         Aztec, NM 87410         505-333-1822   |  |   |   |  | 10. Field and Pool or Exploratory Area<br>Blanco Mesa Verde/ Pictured Cliffs |                               |  |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>980' FNL & 900' FWL, (D) sec 27, T28N, R3W  |  |   |   |  | 11. Country or Parish, State<br>RIO ARRIBA, NM                               |                               |  |  |
| 12. CHECI   | K THE APPROPRIAT   | E BOX(ES) TO INDICA   | TE NATURI                                     | E OF NOTICE, F   | L  |                               | DATA   |  |
| TYPE OF SUBMISSION  |  |   | TYPE  | OF ACTION  |  |                               |  |  |
| Notice of Intent  | Acidize  | Deepen<br>Fracture Treat  |   | Production (Sta  | art/Resume)  |                               | Water Shut-Off<br>Well Integrity                         |  |
| Subsequent Report   | Casing Repair  | New Construction  | m   | Recomplete   |  |                               | Other /  |  |
| Final Abandonment Notice  | Change Plans   | Plug and Abando   | on L  | Temporarily Al Water Disposal                                  |  |                               |  |  |
| <ol> <li>Describe Proposed or Comp<br/>duration thereof. If the prop<br/>all pertinent markers and zo</li> </ol>  | osal is to deepen direct   | y state all pertinent detail tionally or recomplete ho                                | rizontally, giv                               | estimated starting   | g date of any propartions and meas   | ured an                       | d true vertical depths of                                |  |
| subsequent reports must be<br>recompletion in a new inter<br>requirements, including rec<br>The Indian I #1 MV/PC wa  | filed within 30 days fo<br>val, a Form 3160-4 mu<br>lamation, have been co | llowing completion of the<br>st be filed once testing has<br>mpleted and the operator | e involved op<br>as been comp<br>has determin | erations. If the o<br>leted. Final Abar<br>ed that the site is | peration results i<br>adonment Notice<br>s ready for final i                 | in a mu<br>s must<br>inspecti | Itiple completion or<br>be filed only after all<br>ion.) |  |
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|   |  |   |   |  |  |                               | RCVD MAR 25'14<br>DIL CONS. DIV.                         |  |
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| ι,  |  |   |   |  |  |                               |  |  |
| 14. I hereby certify that the foregoin Name ( <i>Printed/Typed</i> ) Heathery Riley   | ng is true and correct.  |   | Title Regulat                                 | ory Team Lead  |  |                               |  |  |
| Signature   | Date 3/20/14   |   |   |  |  |                               |  |  |
|   | THIS SPA   | CEFOR FEDERA  |   |  | EUSE   |                               |  |  |
| Approved by   |  |   | Title   |  |  | Date                          |  |  |
| Conditions of approval, if any, are a<br>certify that the applicant holds lega<br>which would entitle the applicant to  | l or equitable title to those  | se rights in the subject lease  | r   | :  |  |                               |  |  |
| Title 18 U.S.C. Section 1001 and T<br>United States any false, fictitious o   |  |   |   |  | y to make to any   | departn<br>                   | tent of agency of the ECOR                               |  |
| (Instructions on page 2)  |  |   |   |  |  | ţ.                            | 112 0 0 coto   |  |
|   |  |   |   |  |  |                               |  |  |
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