Submit 3 Copies To Appropriate District	State of New Me	exico	Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	-		ELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION		-039-29673
District III	1220 South St. Fran	1 3	Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8	7505	STATE FEE State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sunta 1 0, 14141 0	2000 B H 3000 T	NNM-078407D
SUNDRY NOT	ICES AND REPORTS ON WELLS	K 48 6 75	Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	DSALS TO DRILL OR TO DEEPEN OR PL CATION FOR PERMIT" (FORM C-101)	OR SUCH RO	isa
1. Type of Well: Oil Well	Gas Well 🛛 Other	3 Jale 1 8.	Well Number 271A
2. Name of Operator	12		GGRID Number
	Production Company, LLC	30 Die	120782
3. Address of Operator PO Bo	x 640, Aztec, NM 87410	10 1 at 10 7 1 M/2	Pool name or Wildcat sin Fruitland Coal
4. Well Location			
	2410 feet from the FSI line	and 000 feet from the	FFI line
Section 35 Township 31N Range 05W NMPM County Rio Arriba  11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
6687' GR			
Pit or Below-grade Tank Application 🛛 o			
	>100 ft_Distance from nearest fresh water	er well >1000 ft Distanc	e from nearest surface water >500 ft
Pit Liner Thickness: mil			on Material Steel-Double Wall & Bottom
	<del></del>		_
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	NTENTION TO:	SUBSE	QUENT REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING		CASING/CEMENT JO	<del>-</del>
	_		_
OTHER:		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.			
Below Grade tank to be located approximately 50 feet from well head. BGT constructed, operated and closed in accordance with NMOCD guidelines and Williams procedures.			
I hereby certify that the information	above is true and complete to the b	est of my knowledge an	d belief. I further certify that any pit or below-
grade tank has been/will be constructed o	r closed according to NMOCD guidelines	🛛 , a general permit 🗌 or ai	n (attached) alternative OCD-approved plan .
SIGNATURE	TITLE_	EH&S Specialist	DATE <u>4/14/06</u>
Type or print name Michael K.	Lane E-mail address: myke	e.lane@williams.com	Telephone No. 505-634-4219
For State Use Only		-	
APPROVED BY:	y town TITLE	PUTY OIL & GAS INSPEC	DATE APR 1 7 2006
Conditions of Approval (if any):	<i>—</i> –		