Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		May 27, 2004 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II			30-039-29367
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			NMSF-078894
	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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.)			Rosa
1. Type of Well: Oil Well	Gas Well 🛛 Other		8. Well Number <b>383</b>
2. Name of Operator			9. OGRID Number
Williams Production Company, LLC			120782
3. Address of Operator			10. Pool name or Wildcat
PO Box 640, Aztec, NM 87410		Basin Fruitland Coal	
4. Well Location			
Unit Letter P : 1045 feet from the FSL line and 1110 feet from the FEL line			
Section 29 Township 31N Range 04W NMPM County Rio Arriba			
	11. Elevation (Show whether DR, I		
6671' GR  Pit or Below-grade Tank Application ⊠ or Closure □			
Pit typeDepth to Groundwater > 100 ft_Distance from nearest fresh water well _ > 1000 ft_ Distance from nearest surface water _ > 500 ft_			
Pit Liner Thickness: mil Below-Grade Tank: Volume 120 bbls: Construction Material Steel-Double Wall & Bottom			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	1	REMEDIAL WORK	
TEMPORARILY ABANDON	<u> </u>	COMMENCE DRIL	
PULL OR ALTER CASING	<del>-</del> [	CASING/CEMENT	<u> </u>
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.			
of 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.			
MAY 2006			
Sam Color DM = 1			
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I hereby certify that the information	above is true and complete to the bes	et of mydenowledge	and helief? I further cartify that any nit or helew
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 or closed according to NMOCD guidelines , a general permit of an attached) alternative OCD-approved plan .			
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SIGNATURE	TITLE E	EH&S Specialist	DATE <u>5/2/06</u>
Type or print name Michael K. Lane E-mail address: myke.lane@williams.com Telephone No. 505-634-4219			
For State Use Only			
APPROVED BY: Drands Conditions of Approval (if any):	- Dowell TITLE	UTY OIL & GAS IM	SPECTOR DIST S DATE MAY 0 2 200