

UNITED STATES
DEPARTMENT OF INTERIOR
BUREAU OF LAND MANAGEMENT

OCT 06 2009

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICE AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION TO DRILL" for permit for such proposals

Lease Designation and Serial No.
NMSF-078890

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
Rosa

SUBMIT IN TRIPPLICATE

1. Type of Well
Oil Well Gas Well Other

8. Well Name and No.
Rosa Unit #630

2. Name of Operator
WILLIAMS PRODUCTION COMPANY

9. API Well No.
30-039-29508

3. Address and Telephone No.
PO BOX 640 Aztec, NM 87410-0640 634-4222

10. Field and Pool, or Exploratory Area
Blanco MV/Basin MCS/ Basin DK

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Surface: 2480' FNL & 2230' FEL
BHL: 2380' FSL & 1935' FEL Sec. 7, T31N, R4W

11. County or Parish, State
Rio Arriba, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

Notice of Intent

Subsequent Report

Final Abandonment

Abandonment

Recompletion

Plugging Back

Casing Repair

Altering Casing

Other SURFACE CASING PRESSURE TEST

Change of Plans

New Construction

Non-Routine Fracturing

Water Shut-Off

Conversion to Injection

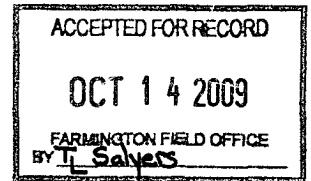
Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

10/1/09- RU & PRESS TEST 10.75" SURFACE CASING 600# FOR 30 MIN, GOOD TEST, TEST PUMP & CHARTS USED, TESTED AGAINST B-SECTION & MASTER VALVE ALSO. ✓

CALLED KELLY ROBERTS WITH NMOCD AND KEVIN SCHNEIDER WITH BLM FOR VERBAL APPROVAL ✓



RCVD OCT 15 '09

14. I hereby certify that the foregoing is true and correct

Signed Heather Riley
Heather Riley

Title Regulatory Specialist

Date 10/6/09

OIL CONS. DIV.
DIST. 3

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any:

NMOCD