In Lieu of Form 3160 (June 1990)

UNITED STATES DEPARTMENT OF INTERIOR BUREAU OF LAND MANAGEMENT

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SEP 20 2010

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

	4E1 20 E010			
SUNDRY NOTICE AND REPORTS ON WELLS Farmington Field Of Do not use this form for proposals to drill or to deepen or reentry to a different reservoir edge "APPLICATION" TO DRILL" for permit for such proposals		5. fce	Lease Designation and Serial No. NMSF-078771	
		6.	If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE		7.	If Unit or CA, Agreement Designation Rosa Unit	
Type of Well Oil Well Gas Well X Other		8.	Well Name and No. Rosa Unit 20D	
Name of Operator WILLIAMS PRODUCTION COMPANY		9.	API Well No. 30-039-30754	
3. Address and Telephone No. PO Box 640 Aztec, NM 87410-0640 634-4208		10.	Field and Pool, or Exploratory Area BLANCO MV/BASIN DK/BASIN MC	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1485' FNL & 1525' FEL 2070' FNL & 448' FEL SEC 14 31N 6W		11.	County or Parish, State Rio Arriba, New Mexico	
AODA 500 CHECK APPROPRIA	TE BOX(s) TO INDICATE NATURE OF NOTICE, RE	PORT, OR C	OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION			
Notice of Intent	Abandonment Recompletion		Change of Plans New Construction	
X Subsequent Report	X Subsequent Report Plugging Back Casing Repair		Non-Routine Fracturing Water Shut-Off	
Final Abandonment	Altering Casing Conversion to Injection			
	X Other <u>Reallocation</u>		Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
	Clearly state all pertinent details, and give pertinent dates, is and measured and true vertical depths for all markers and			
Williams E&P has run Protechnic's Completi Williams proposes the following allocation:	on profiler tool for allocation purposes on the \mathcal{OHG} \mathcal{JHZ} \mathcal{AZ}	Rosa Un	it #20D. Based on the results obtained,	
Mesaverde	65% 369	Mcf/d	RCVD SEP 24'10 OIL CONS. DIV.	
Mancos	27% 152	Mcf/d	DIST. 3	
Dakota	8% 42	Mcf/d	one and the Manager.	
Total	100% 563	Mcf/d		
14. I hereby certify that the foregoing is true and o	correct	•	, <u>, , , , , , , , , , , , , , , , , , </u>	
Signed Larry Higgins Hogg	Title Permit Supervisor	Date9/20	/10	
(This space for Federal or State office use)				
Approved by	Title		Date	
Conditions of approval, if any:				