STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

P O BOX 2088 SANTA FE, NEW MEXICO 87508-2088

Submit 3 copies to Appropriate District Office

DISTRICT 1 POBox 1980, Hobbs, NM 88240 DISTRICT 2	WELL API NO. 30-039-25494	
PODrawer DD, Artesia, NM 88210 <u>DISTRICT 3</u> 1000 Rio Brazos Rd., Aztec, NM 87410	5. Indicate Type of Lease STATE 🖾 FEE 🗆	
	6. State Oil & Gas Lease No. E-346	
SUNDRY NOTICES AND REPORTS ON WELLS (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)	7. Lease Name or Unit Agreement Name ROSA UNIT DECEIVED JUN - 5 1895	
1. Type of Well: OIL WELL GAS WELL MO OTHER	OII GOM. DIW.	
2. Name of Operator WILLIAMS PRODUCTION COMPANY	8. Well No. #152	
3. Address of Operator PO BOX 58900, SALT LAKE, UT. 84158	9. Pool Name or Wildcat MESAVERDE	
4. Well Location Unit Letter E: 1880 Feet From The NORTH	Line and _800 _Feet From TheWESTLine	
Section 36 Township 32N Range 6W	NMPM RIO ARRIBA COUNTY	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6641' GR		
CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	REMEDIAL WORK	
12. 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.		
5-24-95 Move on location and rig up. Spud surface hole at 1120 hrs 5/23/95. TD'd surface hole at 294. TOH. Ran 6 jts. (274.92') of 9-5/8", 36# and 40#, K55, ST&C casing and landed at 288' KB. Cemented with 150 sx. (177 cu.ft.) of CI "B" with 3% CaCl2 and 1/4# celloflake/sk. Displaced plug with 20 bbls of water. Plug down at 1845 hrs. 5/23/95. Circulated out 8 bbls cement to surface. WOC. Pressure test to 1500#-held O.K.		
Continued on Page 2		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE / / TITLE PRODUCTION CLERK DATE May 31, 1995 TYPE OR PRINT NAME SUSAN GRIGUHN TELEPHONE NO. (801) 584-6879		
(This space for State Use) APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE JUN - 5 199		
CONDITIONS OF APPROVAL, IF ANY:		