Form 3160-5 (February 2005)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED

OMB :	No	100	4-0	137
Evpiroc	Ma	roh	21	200

В	OKEAU OF LANI	MANAGEMEN	1	AUG 2	5 Lease Seria	LNIa	
SUNDRY	NOTICES AND	REPORTS ON W	VELLS =	armington	J Least Stila	I NO	
Do not use this	s form for propo	sals to drill or to	re-enter a	namingion	fold Office	llottee or Tribe Name	
abandoned well	l. Use Form 3160)-3 (APD) for suc	ch proposa	is.	14/Criter2		
SUBMIT IN TRIPLICATE – Other instructions on page 2					7 If Unit of CA/Agreement, Name and/or No.		
1. Type of Well					Rosa Unit NMNM-78407B-DK		
				8. Well Name and No			
	Gas Well Ot	her			Rosa Unit #		
 Name of Operator Williams Production Compar 	ıy, LLC				9 API Well N 30-045-341		
3a. Address 3b. Phone No (include area code)				10. Field and Pool or Exploratory Area			
PO Box 640 Aztec, NM 87410 505-634-4208				Blanco Mesaverde/Basin Dakota			
4 Location of Well (Footage, Sec, T.,R, M, or Survey Description) 990' FSL & 2310' FEL SEC 32 32N 6W				11. Country or Parish, State SAN JUAN, NM			
	C THE APPROPRIATE	BOX(ES) TO INDICA	ATE NATURE C	OF NOTICE, R	EPORT OR OT	THER DATA	
TYPE OF SUBMISSION			TYPE O	F ACTION			
Notice of Intent	Acidize	Deepen		Production (Star	rt/Resume)	Water Shut-Off	
Trocloc of Intern	Alter Casing	Fracture Treat	reat Reclam			Well Integrity	
Subsequent Report	Casing Repair	New Constructi	on 🔲 1	Recomplete		Other First delivery	
V 2 Subsequent report	Change Plans	Plug and Aband	lon	Temporarily Abandon ———			
Final Abandonment Notice	Convert to	Plug Back		Water Disposal			
all pertinent markers and zo subsequent reports must be recompletion in a new inter requirements, including rec. This DK well was 1 st delivered. Project Type GREEN COMP MC #: 83153-01 Casing Pressure: NA Tubing Pressure: NA Line Pressure 274 Temporary connected to WFS	filed within 30 days foll val, a Form 3160-4 mus lamation, have been cord on 8/17/11 @ 1600	lowing completion of the time to the filed once testing hapleted and the operator	ne involved opera as been complet r has determined	ations If the opted. Final Aband that the site is	peration results	in a multiple completion or es must be filed only after all	
14 I hereby certify that the forego Name (Printed/Typed)	ing is true and correct						
LARRY HIGGINS			Title PERMIT	T SUPVR			
	Henri						
Signature /	THIS SPACE	E FOR FEDERA	Date 8/23/11 AL OR STA	TE OFFICE	-/USEPTEI	FOR RECORD	
Approved by			1				
			Title		AUG	2 4 2011	
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to	al or equitable title to thos	e rights in the subject lea	or			ON FIELD OFFICE	
Title 18 U S C Section 1001 and T United States any false, fictitious of					y to make to any	department or agency of the	