Submit 3 Copies To Appropriate District		lew Mexico		Form C-103	
Office District I	Energy, Minerals a	nd Natural Resources		May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.		
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVA	ATION DIVISION	30-039-29493 5. Indicate Type (of Lease	
District III	1220 South St. Francis Dr.		STATE [FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe,	NM 87505	6. State Oil & Ga		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTI	CES AND REPORTS ON		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 (NMNM78407X) 8. Well Number 229A	
1. Type of Well: Oil Well Gas Well Other					
2. Name of Operator Williams F	9. OGRID Numb	9. OGRID Number 120782			
3. Address of Operator			10. Pool name or Wildcat		
999 Goddard Ave., Ignacio, CO 81137			Basin Fruitland	Coal	
4. Well Location		·			
Unit LetterC:_	1225 feet from the	N line and19	75feet from th	eWline	
Section 29 To	wnship 31N Range	05W NMPM	County Rio Arriba		
11. Elevation (Show whether DR, RKB, RT, GR, etc. 6370' GR			c.)		
Pit or Below-grade Tank Application 🛛 o	r Closure 🔲	0070 010			
Pit type Production_Depth to Groundw		earest fresh water well >100	0 ft Distance from near	rest surface water >500 ft	
	il Below-Grade Tank: Vo				
			_	,	
12. Check A	Appropriate Box to Ind	licate Nature of Notice	e, Report or Other	Data	
NOTICE OF IN	TENTION TO:	911	BSEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK		☐ REMEDIAL WC		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	_	RILLING OPNS.	P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CASING/CEME	NT JOB 🔲		
OTHER:		OTHER:		П	
13. Describe proposed or comp	leted operations. (Clearly		and give pertinent date	es, including estimated date	
of starting any proposed wo	ork). SEE RULE 1103. Fo	or Multiple Completions:	Attach wellbore diagra	am of proposed completion	
or recompletion.					
Below Grade tank to be located a	approximately 50 feet fro	m well head. BGT cons	tructed, operated a	nd closed in accordance	
with NMOCD guidelines and Willi			Topolate a		
			67891077		
		Į ^r	S APR W		
		J.	3000		
		ļģ.			
I hereby certify that the information	above is true and complete	to the best of my knowled	ge and belief. I furthe	r certify that any pit or below-	
grade tank has been/will be constructed or	closed according to NMOCD gr	uidelines 🗵, a general permit [or an (attached) altern	ative OCD-approved plan 🔲.	
				11 1	
SIGNATURE	X Conc	ITLE <u>EH&S Speciali</u>	stDATE_	111/05	
Type or print name Michael K. I	Lane E-mail address	: myke.lane@williams	.com Telephone No	970-563-3319	
For State Use Only		corporate the a GAS	inspector, dist. 🚓	ADD # 0 000-	
100000000000000000000000000000000000000	Louist			APR 12 2005	
APPROVED BY: Conditions of Approval (if any)	T	TTLE		_DATE	
Conditions of Approval (II ally)?					
•					