Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240	May 27, 2004 WELL API NO.
District II OIL CONCEDIVATION DIVISION	3004532888
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.	5. Indicate Type of Lease Federal
1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	NM-010910
SUNDRY NOTICES AND REPORTS ON WELES. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK-TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C.101) FOR SUCH PROPOSALS.)	New Mexico 32-11 Com 8. Well Number 2C
1. Type of Well: Oil Well Gas Well Other	
2. Name of Operator Williams Production Company, LLC	9. OGRID Number 120782
3. Address of Operator	10. Pool name or Wildcat
999 Goddard Ave, Ignacio, CO 81137	Blanco Mesa Verde
4. Well Location	_
Unit Letter G :_ 1980 feet from the N line and2,010 feet from N line and2,01	
Section 19 Township 32N Range 11W 11. Elevation (Show whether DR, RKB, RT, GR, etc.	NMPM County San Juan
6581 ft GL	<u>'</u>
Pit or Below-grade Tank Application or Closure	
Pit typeDrillingDepth to Groundwater>100ft_Distance from nearest fresh water well>100	
Pit Liner Thickness: 12 mil Below-Grade Tank: Volume bbls; Construction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON	
OTHER: OTHER:	
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion	
or recompletion.	
Pit to be located approximately 50 to 75 feet from well head. Pit will be for multi-use drilling and completion to avoid additional site disturbance and pit will be considered out of service once production tubing set. Pit to be constructed,	
operated and closed in accordance with NMOCD guidelines and Williams procedures.	
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I hereby certify that the information above is true and complete to the best of my knowledge	e and belief. I further certify that any pit or below-
grade tank has been/will be constructed or closed according to NMOCD guidelines 🗵, a general permit 🗌 or an (attached) alternative OCD-approved plan 🗌.	
SIGNATURE TITLE EH&S Speciali	st DATE 5/9/05
	<u></u> D/11E0/2/05
Type or print name Michael K. Lane E-mail address: myke.lane@willian	
For State Use Only	ns.com Telephone No. 970-563-3319
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