Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals a	May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	NM 88210 OIL CONSERVATION DIVISION		30-039-29528 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 & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		A TO 21 22 27 20 20 20 20 20 20 20 20 20 20 20 20 20	
SUNDRY NOTICES AND REPORTS ON WELLS 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 (101) FOR SUCH			
PROPOSALS.)			
1. Type of Well: Oil Well	Gas Well 🛛 Other	Programme and the second	8 Well Number 228A
2. Name of Operator Williams Production Company, LLC 120782			
3. Address of Operator 10. Pool name or Wildcat			
999 Godda	rd Ave., Ignacio, CO 8	1137	Basin Fruitland Coal
4. Well Location			
Unit LetterG:_	2165feet from the	_N line and1810	feet from theEline
Section 7 Township 31N Range 05W NMPM County Rio Arriba			
		ether DR, RKB, RT, GR, etc., 6263' GR	
Pit or Below-grade Tank Application	r Closure 🗆	0200 011	
Pit type_Production_Depth to Groundwater_>100 ft_Distance from nearest fresh water well_>1000 ft_ Distance from nearest surface water>500 ft_			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CASING/CEMEN	「JOB □
OTHER:		OTHER:	
			d 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.			
Below Grade tank to be located approximately 50 feet from well head. BGT constructed, operated and closed in accordance			
with NMOCD guidelines and Williams procedures.			
I hereby certify that the information	above is true and complete	to the hest 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 g	uidelines 🛛, a general permit 🔲	or an (attached) alternative OCD-approved plan .
<i></i>			
SIGNATURE	7	TITLE <u>EH&S Specialist</u>	DATE_5/23/05
Type or print name Michael K. Lane E-mail address: myke.lane@williams.com Telephone No. 970-563-3319			
For State Use Only On & GAS INSPECTOR, DIST. 52 MAY 2 3 2005			
For State Use Only	1 -1	DEPUTY OIL & GAS (NO)	MAY 23 2005
APPROVED BY:	Hyeny 7	TITLE	DATE
Conditions of Approval (if any):	-		