Office Office	State of New Mexico		Form C-103		
District I	Energy, Minerals and Natur	ral Resources		Ma	y 27, 2004
625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-039-29593		
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			STATE	FEE [7
District IV			6. State Oil & Ga		7
1220 S. St. Francis Dr., Santa Fe, NM 87505					
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 C-101) FOR SUCH PROPOSALS.)			Rosa		
1. Type of Well: Oil Well Gas Well Other			8. Well Number 241A		
2. Name of Operator			9. OGRID Number		
Williams Production Company, LLC			120782 47 7		
3. Address of Operator			10. Pool name or Wildcar SEP		
PO Box 640, Aztec, NM 87410			Basin Fruitland	1 Coal	2000
4. Well Location Unit Letter K: 1725 feet from the FSL line and 750 feet from the FWL line					
4. Well Location Unit Letter K : 1725 feet from the FSL line and 750 feet from the FWL line Section 6 Township 31N Range 05W NMPM County Rio Arriba					
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
Pit or Below-grade Tank Application 🛛 or	6438'	GR			وراد الدين لك
		د >1000 ft المس	stance from negreet su		
Pit typeDepth to Groundwater_>100 ft_Distance from nearest fresh water well>1000 ftDistance from nearest surface water>500 ft Pit Liner Thickness:milBelow-Grade Tank: Volume120bbls; Construction MaterialDouble-wall Steel					
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 ☐ REMEDIAL WORK				ALTERING CAS	SING 🗇
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OF				P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN			_
_			_		
OTHER:	etad an agation a (Classic state all s	OTHER:	1 -: 1-4		
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.					
or recompletion.					
Below Grade tank to be located as		ead. BGT constr	ucted, operated a	nd closed in ac	cordance
with NMOCD guidelines and Williams procedures.					
I hereby certify that the information a	bove is true and complete to the be	est of my knowledg	e and belief. I furth	er certify that any r	it or below-
grade tank has been/will be constructed or c	losed according to NMOCD guidelines 🗵], a general permit 🗌	or an (attached) altern	ative OCD-approve	ed plan □.
SIGNATURE 2	TITLE_	EH&S Specialist	DATE_	9/6/05	
Type or print name Michael K. L	ane E-mail address: myke.	lane@williams.c	om Telephone No	o. 505-634-42	19
For State Use Only					
For State Use Only	1. NSI	911977 AM A AAA	100 mars		A = AAAA
APPROVED BY: DELLY COLE GAS INSPECTED, DIST. CO DATE SEP 0 7 2005					
Conditions of Approval (if any):					