Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resourc	es 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 CONSERVATION DIVISION	N 30-039-29577 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 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Rosa
1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 219A
2. Name of Operator		9. OGRID Number
	Production Company, LLC	120782
3. Address of Operator	040 4 4 100 00 440	10. Pool name or Wildcat
	x 640, Aztec, NM 87410	Fruitland Coal
4. Well Location		S A SEP 20
Unit Letter I:1415 _ feet from the _ FSL _ line and _860 _ feet from the FEL _ line		
Section 19 To	wnship 31N Range 05W NMPM	County Rio Arriba
THE PRESENTATION	11. Elevation (Show whether DR, RKB, RT, G	FR, etc.)
Pit or Below-grade Tank Application 🗵 o	6322' GR	
	>100 ft_Distance from nearest fresh water well>1000	ff Distance from persons surface water
Pit Liner Thickness: mil		
		Construction Material Double-wall Steel
12. Check	Appropriate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF IN	NTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	EMENT JOB
OTHER		
OTHER:	OTHER:	ails and give pertinent dates including estimated date
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.		
Dalam Carda tauli ta ba la ataul		
with NMOCD guidelines and Wil	approximately 50 feet from well head. BGT	constructed, operated and closed in accordance
with Ninoco guidelines and Wil	nams procedures.	
I hereby certify that the information	above is true and complete to the best of my known above.	owledge and belief. I further certify that any pit or below-
grade tank has been/will be constructed of	r closed according to NMLLCD guidelines 🗵, a general pe	rmit ☐ or an (attached) alternative OCD-approved plan ☐.
SIGNATURE	TITLE EH&S Spe	cialist DATE 9/20/05
		5.1.157
Type or print name Michael K.	Lane E-mail address: myke.lane@willi	ams.com Telephone No. 505-634-4219
For Sanda Hay Out	DEBILLA UN	H (- A.
For State Use Only	and of the Office	s gas inspector, usi. o.
APPROVED BY: L'Terr	y tens TITLE	DATE SEP 2 1 2005
Conditions of Approval (if any)	y feet TITLE	27110