Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONCEDIATION DIVISION	30-045-33018
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa 1°C, 14141 07303	6. State Oil & Gas Lease No. NM-03190
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	<u> </u>	8. Well Number 7C 29 30 37
1. Type of Well: Oil Well	Gas Well 🛛 Other	27/(0000000)/3
2. Name of Operator Williams	Production Company, LLC	9. OGRID Number (120782
3. Address of Operator	roddonon company, LLC	10. Pool name or Wildcanov 2003
PO Bo	x 640, Aztec, NM 87410	Blanco MV
4. Well Location		E OIL
	1485_feet from the _ FSL _ line and _1940 _feet	
Section 17 To		County San Juan
	11. Elevation (Show whether DR, RKB, RT, GR, e 6737' GR	(c.)
Pit or Below-grade Tank Application 🛛		
	>100 ft_Distance from nearest fresh water well>3000 ft	
		nstruction MaterialDouble-Wall Steel
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF I	NTENTION TO: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		DRK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON	<u> </u>	PRILLING OPNS. P AND A
PULL OR ALTER CASING		ENT JOB
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.		
r		
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.		
galacimes and the	marrio presedureo.	
		•
I hereby certify that the information above is true and complete to the best of my knowledge 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 Special	ist DATE <u>11/29/05</u>
Type or print name Michael K.	Lane E-mail address: myke.lane@williams	s.com Telephone No. 505-634-4219
For State Use Only		NOV 2 9 2005
APPROVED BY: Conditions of Approval (if any):	TITLE TITLE GAS	DATE DATE
[/		