Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resource	ces May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISIO	N 30-039-29507
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Suitu 1 0, 11111 0 7 5 0 5	o. State Off & Gas Lease No.
87505		
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OF THE BACK TO	
PROPOSALS.)	ICATION FOR PERMIT" (FORM CARE) FOR SUCH	Rosa
1. Type of Well: Oil Well	Gas Well Other DEC 2005	8. Well Number 232A
2. Name of Operator	,	9. OGRID Number
	Production Company, Company	
3. Address of Operator	C OST 3	10. Pool name or Wildcat
PO Bo	ox 640, Aztec, NM 87410 😜	Basin Fruitland Coal
4. Well Location		W/ 5
Unit Letter J :	1385 feet from the	and 2020 feet from the E line
		County Rio Arriba
Section 20 1	ownship 31N Range 05W NMPM 11. Elevation (Show whether DR, RKB, RT, O	
Apple of the Control	6416' GR	JR, etc.)
Pit or Below-grade Tank Application		participation (0.14 - 2.12) the table to accomplish the
		1000 %
Pit typeDrig/Completion_Depth to C	Froundwater_>100 R_Distance from nearest fresh water	well_>1000 ft_ Distance from nearest surface water_>500 ft
Pit Liner Thickness: 12 m	il Below-Grade Tank: Volumebbls;	Construction Material
12 Check	Appropriate Box to Indicate Nature of N	Jotice Report or Other Data
12. Check	Appropriate Box to indicate Nature of N	dollee, Report of Other Data
NOTICE OF I	NTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	_	
TEMPORARILY ABANDON	CHANGE PLANS COMMEN	ICE DRILLING OPNS. ☐ P AND A ☐
PULL OR ALTER CASING	=	CEMENT JOB
_	_	_
OTHER:	☐ OTHER:	
13. Describe proposed or com	pleted operations. (Clearly state all pertinent det	tails, and give pertinent dates, including estimated date
of starting any proposed v	vork). SEE RULE 1103. For Multiple Completic	ons: Attach wellbore diagram of proposed completion
or recompletion.		
Request for extension of closure	e. The well been drilled and intermediate ca	asing set. However, the well has NOT been
		vitation. Completion to be done following winter
		cember 1-March 31. Pit to be closed within 60
days following completion and	in accordance with NMOCD guidelines and \	vviillams procedures.
Drilling/Completion pit is located	t approximately 50 to 75 foot from well head	. Pit multi-use drilling and completion to avoid
additional site disturbance and i	oit will be considered out of service once pro	duction tubing set
additional site disturbance and p	·	•
	Ų	
	must maintain te	ence
	main TAIN	
	7/(03)	
I hereby certify that the information	n above is true and complete to the best of my kn	nowledge and belief. I further certify that any pit or below-
grade tank has been/will be constructed (r closed according to NMOCD guidelines 🖂, a general p	ermit ☐ or an (attached) alternative OCD-approved plan ☐.
SIGNATURE	TITLE EH&S Spe	ecialist DATE 12/1/05
DIONATURE (TILE EMAS SPE	ECIGIIS 1 DATE 12/1/05
Type or print name Michael K	Lane F-mail address: myke lane@will	iams com Telephone No. 505-624 4240
Type or print name Michael K. Lane E-mail address: myke.lane@williams.com Telephone No. 505-634-4219		
For State Use Only		
	_ / / Supervisof	R DISTRICT #3 DEC 0 1 2005
APPROVED BY: Charle	Herr TITLE	R DISTRICT #3 DATE DEC 0 1 2005
Conditions of Approval (if any):		