Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-045-33086 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	TICES 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		7. Lease Name of Omt Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Rosa
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other		8. Well Number 145C
2. Name of Operator	Gus Weit Za Guiei	9. OGRID Number
Williams Production Company, LLC		120782
3. Address of Operator		10. Pool name or Wildcat
PO Box 640, Aztec, NM 87410		Blanco MV
4. Well Location		
Unit Letter F: 1740 feet from the FNL line and 2255 feet from the FEWL line		
Section 16 Township 31N Range 06W NMPM County San Juan		
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	<u> </u>
	6427' GR	
Pit or Below-grade Tank Application 🛛	or Closure	
Pit typeDepth to Groundwater_>100 ft_Distance from nearest fresh water well>1000 ft Distance from nearest surface water>500 ft		
Pit Liner Thickness: mil	Below-Grade Tank: Volume 120 bbls: Con	struction Material Steel (Plastic Liner)
12 Check	Appropriate Box to Indicate Nature of Notice	Report or Other Data
12. Chook rippropriate box to indicate retaile of records, report of other bata		
	l l	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	· _	
TEMPORARILY ABANDON		
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	NT JOB L
OTHER:	☐ OTHER:	П
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.		
Below Grade tank to be located approximately 50 feet from well head. BGT constructed, operated and closed in accordance		
with NMOCD guidelines and Wi		indiced, operated and closed in accordance
		COBALL MY
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	n above is true and complete to the best of my knowled	
grade tank has been/will be eanstructed o	or closed according to NMOCD guidelines , a general permit [☐ or an (attached) alternative OCD-approved plan ☐.
SIGNATURE	TITLE EH&S Specialis	st DATE 12/16/05
Type or print name Michael K.		
•		TOTAL
For State Use Only		0 0 00AE
APPROVED BY:	TITLE FUTY OR & GAS IN	SPECTOR, DIST. DEC 2 9 2005
Conditions of Approval (if any):		