

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-045-33170
5. Indicate Type of Lease STATE ☐ FEE ☐
6. State Oil & Gas Lease No. NM-03189
7. Lease Name or Unit Agreement Name Cox Canyon
8. Well Number 4C
9. OGRID Number 120782
10. Pool name or Wildcat Blanco MV

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

Williams Production Company, LLC

3. Address of Operator

PO Box 640, Aztec, NM 87410

4. Well Location

Unit Letter **J** : **1675** feet from the **FSL** line and **1690** feet from the **FEL** line

Section **21** Township **32N** Range **11W** NMPM County **San Juan**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

6578' GR

Pit or Below-grade Tank Application ☒ or Closure ☐

Pit type _____ Depth to Groundwater **>100 ft** Distance from nearest fresh water well **>3000 ft** Distance from nearest surface water **>500 ft**

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume **120** bbls; Construction Material **Double-Wall Steel**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

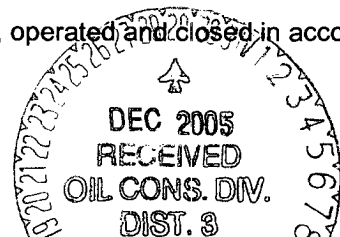
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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.

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.



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 Specialist** DATE **12/16/05**

Type or print name **Michael K. Lane** E-mail address: **myke.lane@williams.com** Telephone No. **505-634-4219**

For State Use Only

APPROVED BY: TITLE **DEPUTY OIL & GAS INSPECTOR, DIST. 3** DATE **DEC 28 2005**

Conditions of Approval (if any):