In Lieu of
Form 3160
(June 1990)

UNITED STATES
DEPARTMENT OF INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICE AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION TO DRILL" for permit for such proposals

2006 JAN 17 PM 12 27

RECEIVED
070 FARMINGTON NM

SUBMIT IN TRIPLICATE

5.	Lease Designation and Serial No. NMSF-078772		
6.	If Indian, Allottee or Tribe Name		
7.	If Unit or CA, Agreement Designation		
1.	Type of Well Oil Well X Gas Well Other	8.	Well Name and No. ROSA UNIT #329A
2.	Name of Operator WILLIAMS PRODUCTION COMPANY	9.	API Well No. 30-039-29398
3.	Address and Telephone No. PO BOX 3102 MS 25-2, TULSA, OK 74101 (918) 573-6254	10.	Field and Pool, or Exploratory Area BASIN FRUITLAND COAL
4.	Location of Well (Footage, Sec., T., R., M., or Survey Description) 2265' FSL & 765' FEL, NE/4 SE/4 SEC 34-T32N-R06W	11.	County or Parish, State RIO ARRIBA, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
X Subsequent Report	Recompletion	New Construction
Final Abandonment	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
	Altering Casing	Conversion to Injection
	Other Production Test	Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Attached is the IP test that was conducted on the above well on October 28, 2005.

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OIL CONS. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct

Signed Tracy Ross Title Sr. Production Analyst Date January 13, 2006

Tracy Ross

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

ACCEPTED FOR RECORD
JAN 18 2006
FARMINGTON FIELD OFFICE
BY

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD

NEW MEXICO OIL CONSERVATION COMMISSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Operator				Lease or Unit Name			
Williams Production Company				Rosa Unit			
Test Type			Test Date	Well Number (API #)			
X Initial	Annual	Special	10/28/2005	#329A (API # 30-039-29398)			
Completion Date	Total Depth	Plug Back TD	Elevation	Unit	Sec	Twp	Rng
10/26/2005	3206'		6318'	I	34	32N	06W

Casing Size	Weight	d	Set At	Perforations:	County
7"	23#		2949'		Rio Arriba

Tubing Size	Weight	d	Set At	Perforations:	Pool
2 7/8"	6.5#		2936'		Basin

Type Well - Single-Bradenhead-GG or GO Multiple	Packer Set At	Formation
		Fruitland Coal

Producing Thru	Reservoir Temp. oF	Mean Annual Temp. oF	Barometer Pressure - Pa	Connection
Tubing				

L	H	Gq	%CO2	%N2	%H2S	Prover	Meter Run	Taps
		0.6				3/4"		

	FLOW DATA			TUBING DATA		CASING DATA		
NO	Prover Line Size X Orifice Size	Pressure p.s.i.q	Temperature oF	Pressure p.s.i.q	Temperature oF	Pressure p.s.i.q	Temperature oF	Duration of Flow
SI	2" X 3/4"			325	70	775		0
1				275	70	650		0.5 hr
2				275	64	525		1.0 hr
3				50	64	445		1.5 hrs
4				45	55	325		2.0 hrs
5				40	55	325		3.0 hrs

RATE OF FLOW CALCULATION

NO	Coefficient (24 Hours)	hwPm	Pressure Pm	Flow Temp. Factor Fl	Gravity Factor Fq	Super Compress. Factor, Fpv	Rate of Flow Q,Mcfd
1	9.604		52	1.0048	1.29	1.002	649
2							
3							
4							

NO	Pr	Temp. oR	Tr	Z
1				
2				
3				
4				
5				
Pc	787	Pc2	619369	

Gas Liquid Hydrocarbon Ration ____ Mcf/bbl.
A.P.I Gravity of Liquid Hydrocabrons ____. Deq.
Specific Gravity Separator ____. XXXXXX
Specific Gravity Flowing Fluid xxxxxxxxx ____
Critical Pressure ____ p.s.i.a. ____ p.s.i.a.
Critical Temperature ____ R ____ R

NO	Pt1	Pw	Pw2	Pc2-Pw2
1		337	113569	505800
2				
3				
4				

(1) Pc2 / Pc2-Pw2 = 1.2245334 (2) Pc2^n / Pc2-Pw2 = 1.164067

AOF = Q Pc2^n / Pc2 - Pw2 = 755

Absolute Open Flow	755	Mcfd @ 15.025	Angle of Slope ____.	Slope, n	0.75

Remarks:

Approved By Commission:	Conducted By:	Calculated By:	Checked By:
	Mark Lepich	Tracy Ross	