Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources		WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONGERNATION DIVISION		30-039-29672
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 6, 14141 67303		6. State Oil & Gas Lease No.
SUNDRY NOTICES 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 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 362
2. Name of Operator			9. OGRID Number
Williams Production Company, LLC			120782
3. Address of Operator PO Box 640, Aztec, NM 87410			10. Pool name or Wildcat Basin Fruitland Coal
4. Well Location			
Unit Letter K :1625feet from theFSL _ line and _1560feet from theFWLline			
Section 36 Township 31N Range 05W NMPM County Rio Arriba			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6802' 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: Construction Material Steel-Double Wall & Bottom			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT 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.			
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.			
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II. I a cife day day in the			
I hereby certify that the information above is true and complete to the best of my knowledge and belief of further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit representative OCD-approved plan.			
SIGNATURE AND SIGNATURE	The T	TLE <u>EH&S Specialis</u>	st 3/23/06
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: Denny	- teny	ITLE	DATE MAR 2 4 2006
Conditions of Approval (if any):			DATE PAR & 3 KUU0