Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office 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	1 1 1 1 1 N I N I N I N I H	30-039-29784
District III	1220 South St. Fran	۱,	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8		STATE FEE 5. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa T C, TVIVI 6	Tan Van	NMSF-078894
87505 SUNDRY NO	TICES AND REPORTS ON WELLS	(C)	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BASSO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM (10)) FOR A DIFFERENT RESERVOIR.			
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well 🛛 Other	To the state of th	. Well Number <b>309A</b>
2. Name of Operator G. OGRID Number			
	Production Company, LLC	Mrs. Ollega,	120782
3. Address of Operator	a de la companya de l	A COLOR	10. Pool name or Wildcat
PO B	ox 640, Aztec, NM 87410	1 Walk 3 6 5	Basin Fruitland Coal
4. Well Location			
Unit Letter P : _335 _ feet from the _FSL _ line and _310 _feet from theFEL _ line			
Section 26 Township 31N Range 04W NMPM County Rio Arriba			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	7003	' 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: Volume12	20 <u>bbls; Constru</u> e	ction Material_Steel-Double Wall & Bottom
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF I	NTENTION TO:	SUBS	EQUENT REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WORK	☐ ALTERING CASING ☐
	CHANGE PLANS	COMMENCE DRILL	<del></del>
PULL OR ALTER CASING [		CASING/CEMENT	<del></del>
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.			
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 \( \times \), a general permit \( \times \) or an (attached) alternative OCD-approved plan \( \times \).  SIGNATURE  TITLE EH&S Specialist DATE 4/14/06			
		•	
Type or print name Michael K	i. Lane E-mail address: myke	.lane@williams.com	m Telephone No. 505-634-4219
For State Use Only	The state of the s	<del></del>	A.E.s.
APPROVED BY: Conditions of Approval (if any):	my tery TITLE	PANTA ON 8 CAS INCI	PECTOR UST. & DATE APR 1 7 2008