Submit 3 Copies 10 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. Arteria, NM 88210 OIL CONSERVATION DIVISION	30-039-29775
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Dio Prazos Pd. Aztec NM 97410	STATE FEE
District IV Santa Fe, NM 8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	NMSF-078773
87505	7 I NI on I I A NI
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Bass
PROPOSALS.)	Rosa
1. Type of Well: Oil Well Gas Well Other	8. Well Number 272A
2. Name of Operator	9. OGRID Number
Williams Production Company, LLC	120782
3. Address of Operator	10. Pool name or Wildcat
PO Box 640, Aztec, NM 87410	Basin Fruitland Coal
4. Well Location	
Unit Letter D: 740 feet from the FNL line and 660 feet from the FWL line	
Section 35 Township 31N Range 05W NMPM County Rio Arriba	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 建氯氯苯甲酰苯基氯氯苯甲酰
6588' 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. Charle Appropriate Box to Indicate Nature of Nation Boxest on Other Date	
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 ☐	
— — — — — — — — — — — — — — — — — — —	ILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	_ _
TOLE ON ALTER GASING MIDE THE COMME GASING/OLIME!	11 30B
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, as	d give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: A	
or recompletion.	main wendere diagram of proposed completion
Below Grade tank to be located approximately 50 feet from well head. BGT const	ructed, operated and closed in accordance
with NMOCD guidelines and Williams procedures.	
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with Milloco guidelines and Williams procedures.	
with NWOCD guidelines and Williams procedures.	
with NMOCD guidelines and Williams procedures.	TO BE
with NMOCD guidelines and Williams procedures.	
with NMOCD guidelines and Williams procedures.	
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I hereby certify that the information above is true and complete to the best of my knowled	ge and belief. I further certify that any pit or below-
	ge and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
I hereby certify that the information above is true and complete to the best of my knowled grade tank has been/will be constructed or closed according to NMOCD guidelines \(\text{\text{\text{\text{general permit}}} \)	or an (attached) alternative OCD-approved plan .
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I hereby certify that the information above is true and complete to the best of my knowled grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit [SIGNATURE] TITLE EH&S Specialis	or an (attached) alternative OCD-approved plan . DATE 5/2/06
I hereby certify that the information above is true and complete to the best of my knowled grade tank has been/will be constructed or closed according to NMOCD guidelines \(\text{\text{\text{\text{general permit}}} \)	or an (attached) alternative OCD-approved plan . DATE 5/2/06
I hereby certify that the information above is true and complete to the best of my knowled grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit [SIGNATURE] TITLE EH&S Specialis	or an (attached) alternative OCD-approved plan . DATE 5/2/06
I hereby certify that the information above is true and complete to the best of my knowled grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit ESIGNATURE TITLE EH&S Specialis Type or print name Michael K. Lane E-mail address: myke.lane@williams. For State Use Only	or an (attached) alternative OCD-approved plan DATE 5/2/06 com Telephone No. 505-634-4219
I hereby certify that the information above is true and complete to the best of my knowled grade tank has been/will be constructed or closed according to NMOCD guidelines \(\), a general permit \(\) SIGNATURE TITLE EH&S Specialis Type or print name Michael K. Lane E-mail address: myke.lane@williams. For State Use Only	or an (attached) alternative OCD-approved plan . DATE 5/2/06