| Submit 3 Copies To Appropriate District | State of New Mexic | co | Form C-10 | 3 |
|---|---|--|--|-----------|
| Office District I | Energy, Minerals and Natural | Resources | May 27, 200 | 4 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | VELL API NO. | |
| District II 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION D | I // I N I I I I I I I I I I I I I I I I | 0-045-32126 Indicate Type of Lease | \dashv |
| District III | 1220 South St. Francis | Dr. | STATE FEE | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | Santa Fe, NM 8750 | 5 ³ 3 3 3 6 | . State Oil & Gas Lease No. | \exists |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | MSF-078765 | |
| | ICES AND REPORTS ON WELLS | SEP 2006 7 | Lease Name or Unit Agreement Name | \neg |
| (DO NOT USE THIS FORM FOR PROPO | DSALS TO DRILL OR TO DEEPEN OF PLUGI | BACK TO A | (25) (25) | |
| DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.) | CATION FOR PERMIT" (FORM C-1017) TORY | 70 U | ox Canyon | _ |
| 1. Type of Well: Oil Well | Gas Well 🛛 Other | Lasto 8 | Well Number 200A | |
| 2. Name of Operator | | | . OGRID Number | |
| | Production Company, LLC | 17 | 120782 0. Pool name or Wildcat | _ |
| 3. Address of Operator | x 640, Aztec, NM 87410 | | O. Pool name or wildcat Basin Fruitland Coal | |
| | X 040, A2(60, 14th 07410 | | Jasiii i Tuttiana Odai | \dashv |
| 4. Well Location | 1050 for from the FSI linearies | 1 2205 foot form | 4h- EEI 1: | |
| | 1050 feet from theFSL line and | | | |
| Section 9 Tow | nship 32N Range 11W NMPN 11. Elevation (Show whether DR, RI | | y San Juan | |
| | 6613' G | | | |
| Pit or Below-grade Tank Application 🔲 o | or Closure | | Extra contraction of the first particle of the second particle of the second se | |
| Pit typeDepth to Groundwater_ | >100 ft_Distance from nearest fresh water we | ell_>1000 ft_ Dista | nce from nearest surface water>500 ft_ | - |
| Pit Liner Thickness: 12 mi | Below-Grade Tank: Volume | bbls: Construction | on Material | \Box |
| 12. Check | Appropriate Box to Indicate Natu | re of Notice. Re | eport or Other Data | |
| | | | · - | |
| | NTENTION TO: | | EQUENT REPORT OF: | 1 |
| PERFORM REMEDIAL WORK TEMPORARILY ABANDON □ | - 1 | EMEDIAL WORK OMMENCE DRILL | ☐ ALTERING CASING ☐ ING OPNS.☐ P AND A ☐ | J |
| TEMPORARILY ABANDON L | 1 | ASING/CEMENT J | == | |
| TOLE ON ALTEN GAOING | | AOIITO/OEMEIT | | |
| OTHER: | | THER: | | <u></u> |
| 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. | | | | |
| or recompletion. | | | | |
| | | | | |
| | mediate ~64 CY of soil impacted by | | | |
| | 11, 2006. Landfarm to be lined and | bermed, operate | d and closed in accordance with | |
| NMOCD guidelines and William | s procedures. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | nd belief. I further certify that any pit or belo | |
| grade tank has been/will be constructed o | r closed according to NMOCD guidelines [2], a | general permit 🔲 or | an (attached) alternative OCD-approved plan | 1. |
| SIGNATURE / | TITLE E | 1&S Specialist | DATE 9/20/06 | |
| Sisterior Control of the Control of | mes_ <u>er</u> | ido opecianor | DMIL | |
| Type or print name Michael K. | Lane E-mail address: myke.lar | ne@williams.com | n Telephone No. 505-634-4219 | |
| For State Use Only | | | | |
| 201 State CSC Only | | utt oal & gas ins | PECTOR, DIST. 63 | 000 |
| APPROVED BY: Brandon | - Dought TITLE | | DATE SEP 2 1 2 | uub |
| Conditions of Approval (if any): | | | | |
| Conditions of Approval (if any): Pending BLM | approval | | | |
| - | | | | |