Submit 3 Copies To Appropriate District State of New Mexico Office May 27, 2004 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 **District II** 30-039-27624 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE \ FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 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 PROPOSALS.) 8. Well Number 200A Gas Well Other 1. Type of Well: Oil Well 2. Name of Operator 9. OGRID Number Williams Production Company, LLC 120782 3. Address of Operator 10. Pool name or Wildcat POB 640, Aztec, NM **Basin Fruitland Coal** 4. Well Location Unit Letter S line and 1615 : **975** feet from the feet from the Ε line Township 31N Range **05W** NMPM Section County Rio Arriba 31 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6522' GR Pit or Below-grade Tank Application
☐ or Closure ☐ Pit type Workover Depth to Groundwater >100 ft Distance from nearest fresh water well >1000 ft Distance from nearest surface water >500 ft mil Below-Grade Tank: Volume ______bbls: Construction Material Pit Liner Thickness: 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 П ALTERING CASING | **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS.□ P AND A **PULL OR ALTER CASING** MULTIPLE COMPL П **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. Workover pit to be located approximately 50 to 75 feet from well head. Pit to be used to recavatate and pit will be considered out of service once production tubing set. Pit to be 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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines \(\sum_{\text{, a general permit}} \) or an (attached) alternative OCD-approved plan \(\sum_{\text{.}} \). SIGNATURE TITLE EH&S Specialist DATE Type or print name Michael K. Lane E-mail address: myke.lane@williams.com Telephone No. 505-634-4219

TITLE SETUTY OIL & SAS INSPECTOR, DIST. (3)

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APPROVED BY: Offunda (Conditions of Approval (if any):