Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-039-30196 5. Indicate Type of Lease
District III	1220 South St. Francis Dr.	STATE STEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name of Olin Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC	ATION FOR PERMIT" (FORM C-101) FOR SUCH	Rosa
PROPOSALS.)	Gas Well 🛛 Other	8. Well Number 148C COM
1. Type of Well: Oil Well 2. Name of Operator	Jas Well 🖾 Other	9. OGRID Number
	roduction Company, LLC	120782
3. Address of Operator		10. Pool name or Wildcat
	B 640, Aztec, NM	Basin Mesa Verde
4. Well Location		
Unit Letter N : 8	40 feet from the S line and 1465	feet from the Wline
		County Rio Arriba
The second secon	11. Elevation (Show whether DR, RKB, RT, GR, et	· · · · · · · · · · · · · · · · · · ·
	6250' GR	
Pit or Below-grade Tank Application 🛛 or	Closure 🔲	
Pit typeDrig/Completion_Depth to Gre	oundwater_>100 ft_Distance from nearest fresh water well_>	>1000 ft_ Distance from nearest surface water_>500 ft
Pit Liner Thickness: 12 mil	Below-Grade Tank: Volume bbls: Con-	struction Material
	 ·	
12. Check A	ppropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF IN	TENTION TO: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	<u> </u>
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	<u> </u>
		_
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.		
or recompletion.		
	ed approximately 50 to 75 feet from well head.	
	and pit will be considered out of service once pro	
operated and closed in accordance	e with NMOCD guidelines and Williams proced	ures. RCVD APR2'07
		OIL CONS. DIV.
		DIST. 3
		M31. U
I hereby certify that the information a	above is true and complete to the best of my knowled	are and helief. I further certify that any nit or helow-
grade tank has been/will be constructed or	closed according to NMOCD guidelines 🔯, a general permit [or an (attached) alternative OCD-approved plan .
2600		
SIGNATURE	TITLE EH&S Speciali	<u>st</u> DATE <u>3/30/07</u>
Type or print name Michael K. L	.ane E-mail address: myke.lane@williams	.com Telephone No. 505-634-4219
For State Use Only		
	Office and the same	ADD A Q goos
APPROVED BY: Transfor	Ture TITLE	INSPECTOR, DIET: DATE APR 0 2 2007
Conditions of Approval (if any):		