## RECEIVED

Form 3160-5

**UNITED STATES** 

SED 01 2040

FORM APPROVED

| (February 2005)                                                                                                                                                             | DEPARTMENT OF THE INTERIOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OMB No. 1004-0137                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                             | BUREAU OF LAND MANAGEMENT Farmingto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Expires: March 31, 2007                                                                                                                                                                                                                                                                                                                                                                                                  |
| CLIM                                                                                                                                                                        | - anoug of La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on Field Office 5. Lease Serial No.<br>and Managemeni                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                             | DRY NOTICES AND REPORTS ON WELLS this form for proposals to drill or to re-enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                             | well. Use Form 3160-3 (APD) for such propos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                             | SUBMIT IN TRIPLICATE – Other instructions on page 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7. If Unit of CA/Agreement, Name and/or No.                                                                                                                                                                                                                                                                                                                                                                              |
| 1. Type of Well                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Rosa Unit                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8. Well Name and No.                                                                                                                                                                                                                                                                                                                                                                                                     |
| Oil Well                                                                                                                                                                    | Gas Well Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rosa Unit #20                                                                                                                                                                                                                                                                                                                                                                                                            |
| Name of Operator     Williams Production Co                                                                                                                                 | mnany II C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9. API Well No.<br>30-039-07969                                                                                                                                                                                                                                                                                                                                                                                          |
| 3a. Address 3b. Phone No. (include area code)                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10. Field and Pool or Exploratory Area                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                             | c, NM 87410 505-634-4208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4. Location of Well (Foote<br>SW/NE, sec 14, T31N, R                                                                                                                        | ige, Sec., T.,R.,M., or Survey Description)<br>SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11. Country or Parish, State Rio Arriba, NM                                                                                                                                                                                                                                                                                                                                                                              |
| 12. C                                                                                                                                                                       | HECK THE APPROPRIATE BOX(ES) TO INDICATE NATUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E OF NOTICE, REPORT OR OTHER DATA                                                                                                                                                                                                                                                                                                                                                                                        |
| TYPE OF SUBMISSION                                                                                                                                                          | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                |
| Notice of Intent                                                                                                                                                            | Acidize Deepen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Production (Start/Resume) Water Shut-Off                                                                                                                                                                                                                                                                                                                                                                                 |
| Notice of Intent                                                                                                                                                            | Alter Casing Fracture Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Reclamation Well Integrity                                                                                                                                                                                                                                                                                                                                                                                               |
| Subsequent Report                                                                                                                                                           | Casing Repair New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Recomplete Other equipment set                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                             | Change Plans Plug and Abandon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Temporarily Abandon                                                                                                                                                                                                                                                                                                                                                                                                      |
| Final Abandonment Notice                                                                                                                                                    | Convert to Injection Plug Back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Water Disposal                                                                                                                                                                                                                                                                                                                                                                                                           |
| all pertinent markers<br>subsequent reports m<br>recompletion in a nev<br>requirements, includi<br>William Production requ<br>line, a separator an<br>allow us to install a | e proposal is to deepen directionally or recomplete horizontally, gi and zones. Attach the Bond under which the work will be perform ast be filed within 30 days following completion of the involved of interval, a Form 3160-4 must be filed once testing has been compared preclamation, have been completed and the operator has determinests authorization to set electrical generation equipment on a disk dual unit 30KW capstone generators producing a total of water gathering system in the Rosa Unit. All equipment will the wave reviewed this setting with Randy McKee of the BLI was a set of the BLI | ed or provide the Bond No. on file with BLM/BIA. Required perations. If the operation results in a multiple completion or eleted. Final Abandonment Notices must be filed only after all ned that the site is ready for final inspection.)  This location. This equipment will consist of a 40' fuel gas of 360KW. This will allow Williams to produce power to be contained on the existing Rosa Unit #20 well pad (see |
| 14. I hereby certify that the                                                                                                                                               | foregoing is true and correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Name (Printed/Typed)                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Larry Higgins                                                                                                                                                               | Title Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Supervisor                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature                                                                                                                                                                   | Date 9-1-10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                             | THIS SPACE FOR FEDERAL OR ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ATE OFFICE USE                                                                                                                                                                                                                                                                                                                                                                                                           |
| Approved by                                                                                                                                                                 | MS/2 EN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SACROLIST Date 9-23-200                                                                                                                                                                                                                                                                                                                                                                                                  |
| certify that the applicant hol-                                                                                                                                             | y, ar attached. Approval of this notice does not warrant or its legal or equitable title to those rights in the subject lease cant to conduct operations thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Title 18 U.S.C. Section 100                                                                                                                                                 | and Title 43 U.S.C. Section 1212, make it a crime for any person kno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | wingly and willfully to make to any department or agency of the                                                                                                                                                                                                                                                                                                                                                          |

(Instructions on page 2)



United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

