

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
NOV 30 2010

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

**SUBMIT IN TRIPLICATE – Other instructions on page 2.**

1. Type of Well		5. Lease Serial No. NMSF 078771
<input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator Williams Production Company, LLC		7. If Unit of CA/Agreement, Name and/or No. Rosa Unit
3a. Address PO Box 640    Aztec, NM 87410		8. Well Name and No. Rosa Unit #634A
3b. Phone No. (include area code) 505-634-4208		9. API Well No. 30-039-30970
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SURF: 1480' FNL & 700' FEL BHL: 725' FNL & 20' FEL SEC 22 31N 6W		10. Field and Pool or Exploratory Area Basin Mancos
		11. Country or Parish, State Rio Arriba

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other First Delivery-Permanent
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

-This MC well was delivered on 11/24/10 @ 0125 hrs. The initial flow rate was 1615 mcfd. Based on the projected volumes two meters are being used.  
Project Type: PERMANENT COMPLETION  
MC #1: 8854401  
Casing Pressure: 1150  
Tubing Pressure: 2250  
Line Pressure: 127  
Choke Size: 16/64  
Permanently connected to WFS

CONFIDENTIAL

-This MC well was delivered on 11/24/10 @ 0630 hrs. The initial flow rate was 1100 mcfd. Based on the projected volumes two meters are being used.  
MC #2: 8854601  
Casing Pressure: 1375  
Tubing Pressure: 2400  
Line Pressure: 128  
Choke Size: 16/64  
Permanently connected to WFS

RCVD DEC 8 '10  
OIL CONS. DIV.  
DIST. 3

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Larry Higgins		Title : Permit Supervisor
Signature <i>Larry Higgins</i>		Date 11/30/10

THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved by	Title	ACCEPTED FOR RECORD Date NOV 30 2010
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	FARMINGTON OFFICE CY

GENERAL INSTRUCTIONS

NMOCD