

In Lieu of
Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use
"APPLICATION FOR PERMIT-" for such proposals

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070 FARMINGTON, NM

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. SF-078767
2. Name of Operator WILLIAMS PRODUCTION COMPANY	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. PO BOX 3102 MS 37-4, TULSA, OK 74101 (918) 588-4592	7. If Unit or CA, Agreement Designation ROSA UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1620' FNL & 1665' FWL, SE NW SEC 24-31N-6W	8. Well Name and No. ROSA UNIT #19M
	9. API Well No. 30-039-25577
	10. Field and Pool, or Exploratory Area BLANCO MV-72319 / BASIN DK-71599
	11. County or Parish, State RIO ARriba, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>NAME CHANGE</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water
	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

WELL NAME CHANGE

FROM: ROSA UNIT #19M

TO: ROSA UNIT #101M

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OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct

Signed SUSAN GRIGUHN

Title OFFICE ASSISTANT Date December 27, 1996

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

ACCEPTED FOR RECORD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

JAN 03 1997

*See Instruction on Reverse Side

NMOCD

FARMINGTON DISTRICT OFFICE
BY MJ