

Submit 3 Copies
To Appropriate
District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

DISTRICT II
811 South First, Artesia NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-039-25580
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-346-33
7. Lease Name or Unit Agreement Name: ROSA UNIT
8. Well No. 26A
9. Pool name or Wildcat BLANCO MV

SUNDRY NOTICES AND REPORTS ON WELLS (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)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator WILLIAMS PRODUCTION COMPANY	
3. Address of Operator P O BOX 3102, MS 25-1, TULSA, OK 74101	
4. Well Location (Surface) Unit letter O : 860 feet from the SOUTH line & 1465 feet from the EAST line Sec 32-31N-5W RIO ARRIBA, NM	
10. Elevation (Show whether DF, RKB, RT, GR, etc. 6495' GR	

Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND
ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

12. 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.

Williams Production Company, LLC plans to pull & replace the 1 1/4" MV tbg with 2-1/16" tbg. If necessary, we will cleanout fill across the MV producing interval. Work will begin as soon as approval is received.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tracy Ross TITLE: PRODUCTION ANYALST DATE: April 29, 2002

Type or print name TRACY ROSS Telephone No: (918) 573-6254
(This space for State use)

APPROVED [Signature] MAY 1 2002
Conditions of approval, if any: