Form 3160 DEPARTME		r reentry to a different reservoir. Use "APPLICATION	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. SF-078771 6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE			7. If Unit or CA, Agreement Designation	
1.	Type of Well Oil Well X Gas Well Other		8. Well Name and No. ROSA UNIT #5B	
2.	Name of Operator WILLIAMS PRODUCTION COMPANY		9. API Well No. 30-039-26927	
3.	Address and Telephone No. PO BOX 3102 MS 37-2, TULSA, OK 74101 (918) 573-6254		10. Field and Pool, or Exploratory Area BLANCO MV/BASIN DK	
4.	Location of Well (Footage, Sec., T., R., M., or Survey Description) 715' FNL & 1835' FEL, NW/4 NE/4 SEC 26-31N-06W		11. County or Parish, State RIO ARRIBA, MN	
	CHECK APPROPRIA	TE BOX(s) TO INDICATE NATURE OF NOTICE, REP	ORT, OR OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION				
	Notice of Intent X Subsequent Report	Abandonment Recompletion Plugging Back	Change of Plans New Construction Non-Routine Fracturing	
	Final Abandonment	Casing Repair Altering Casing Other <u>Spud</u>	Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
13.		Clearly state all pertinent details, and give pertinent dates, in and measured and true vertical depths for all markers a	acluding estimated date of starting any proposed work. If wel	
an :	1. 0.00001 04/00/	22		
This	well was spud @ 0800 hrs 04/09/0	32		
			2 007 NPR	
APD/	ROW		MPR 30 M 9: 26	
14. I hereby certify that the foregoing is true and correct				
Signed Tracy Ross Title Production Analyst Date April 12, 2002				
(This space for Federal or State office use)				