

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

DISTRICT II
811 South First, Artesia NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised 1-1-89

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)		WELL API NO. 30-039-26985
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator WILLIAMS PRODUCTION COMPANY		6. State Oil & Gas Lease No. E-289
3. Address of Operator P O BOX 3102, MS 25-1, TULSA, OK 74101		7. Lease Name or Unit Agreement Name: ROSA UNIT
4. Well Location (Surface) Unit letter <u>P</u> : 230 feet from the <u>SOUTH</u> line & <u>1125</u> feet from the <u>EAST</u> line Sec 02-31N-6W RIO ARRIBA, NM		8. Well No. 148B
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6236' GR		9. Pool name or Wildcat BLANCO MV

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL
WORK

PLUG AND ABANDON

TEMPORARILY ABANDON

CHANGE PLANS

PULL OR ALTER CASING

OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS. Spud

CASING TEST AND CEMENT JOB

OTHER:

ALTERING CASING

PLUG AND
ABANDONMENT

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.

This well was spud @ 1830 hrs 05/23/02

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

SIGNATURE Tracy Ross TITLE: PRODUCTION ANALYST DATE: May 24, 2002

Type or print name TRACY ROSS Telephone No: (918) 573-6254

(This space for SIGNATURE OF APPROVING OFFICIAL, PERSON)

APPROVED BY _____ TITLE _____ DATE MAY 28 2002

Conditions of approval, if any: