Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 March 4, 2004	
1625 N. French Dr., Hobbs, NM 88240	625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210			3004532804 5. Indicate Type	of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & G	as Lease No. NM010910
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUGBACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C. (1)) FOR SUCHE			7. Lease Name or Unit Agreement Name Cox Canyon	
PROPOSALS.)	PROPOSALS.) 1. Type of Well:		8. Well Number	· · · · · · · · · · · · · · · · · · ·
			NM 32-11 C	Com #IC
2. Name of Operator		Os. E	9. OGRID Numl	
Williams Production Company 3. Address of Operator			10. Pool name o	r Wildcat
PO BOX 3102 Tulsa, OK 74101	(C) (B)	Tr. J	Blanco MV/	
4. Well Location				
The state of the s				
Unit Letter L: 1920 feet from the South line and 805 feet from the West line				
Section 20				County San Juan
	11. Elevation (Show whether DR,	, RKB, RT, GR, etc.)		
6639' GR Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)				
Pit Location: UL L Sect 20 Twp 32N Rng 11W Pit type BGT Depth to Groundwater >50 feet Distance from nearest fresh water >1000 ft				
Distance from nearest surface water <500 feet Below-grade Tank Location ULSectTwpRng ;				
GPS: Long: - Lat				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	_	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN	ND 🗆	ABANDONMENT
OTHER: Production BGT		OTHER:		
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
BGT to be located approximately 5	A faat from wall haad naar nrod	uction unit and sta	rage tank RCT (to he constructed with
secondary containment, operated a				
•		9	•	
I hereby certify that the information a	bove is true and complete to the be	est of my knowledge	and belief I furth	er certify that any nit or helow-
grade tank has been/will be constructed or c			an (attached) alterna	tive OCD-approved plan .
SIGNATURE TITLE EH&S Specialist DATE 7/22/05				
Type or print name Michael K. La	ne E-mail address: myke	.lane@williams.com	ı Telephone No	o. 970-563-3319
(This space for State use)	_			
APPPROVED BY TEND FULL TITLE PUTY OIL & GAS INSPECTOR, DIST. (18) DATE 2 3 2005				
Conditions of approval, if any:				