

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-045-31176
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM-03189
7. Lease Name or Unit Agreement Name Cox Canyon
8. Well Number #5C
9. OGRID Number
10. Pool name or Wildcat Blanco Mesa Verde

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 ☐ Gas Well ☐ Other ☐

2. Name of Operator
Williams Production Company, LLC

3. Address of Operator
999 Goddard Ave., Ignacio, CO 81137

4. Well Location
Unit Letter **F** : **1505** feet from the **N** line and **2045** feet from the **W** line
Section **21** Township **32N** Range **11W** NMPM County **San Juan**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6900 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Drilling Depth to Groundwater >100 ft Distance from nearest fresh water well >1000 ft Distance from nearest surface water >500 ft

Pit Liner Thickness: 22 mil Below-Grade Tank: Volume bbls; Construction Material


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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.


Drilling pit to be located approximately 50 feet from well head. Pit to be lined, constructed, operated and closed in accordance with NMOCD guidelines and Williams procedures.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE  TITLE EHS SPECIALIST DATE 3/21/05

Type or print name MICHAEL K. LANE E-mail address: myke.lane@williams Telephone No. 563-3319

For State Use Only

APPROVED BY:  TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 34 DATE MAR 29 2005

Conditions of Approval (if any):