Office Submit 3 Copies To Appropriate District		New Mexico	Form C-103
District I	Energy, Minerals	and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II	OH COMEEN	WATION DIVIGION	WELL API NO. 30-039-29509
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
District IV	Santa F	e, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
	ICES AND REPORTS C	ON WELLS	7. Lease Name or Unit Agreement Name
(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.)			Rosa
1. Type of Well: Oil Well Gas Well Other			8. Well Number 243A
2. Name of Operator			9. OGRID Number
Williams Production Company, LLC 3. Address of Operator			120782
999 Goddard Ave., Ignacio, CO 81137			Basin Fruitland Coal
4. Well Location			
Unit Letter C:	1030 feet from the	N line and 192	20 feet from the W line
	ownship 32N Range	06W NMPM	County Rio Arriba
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	<u> </u>	6654' GR	
Pit or Below-grade Tank Application 🛛 o			
Pit typeProduction_Depth to Grounds	water_>100 ft_Distance from	n nearest fresh water well>100	Oft_ Distance from nearest surface water_>500 ft_
Pit Liner Thickness: N/A n	iil Below-Grade Tank:	Volume 120 hhls;	Construction MaterialSteel (Plastic Liner)
12. Check	Appropriate Box to I	ndicate Nature of Notice	Report or Other Data
			•
	ITENTION TO:		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDOI		
TEMPORARILY ABANDON	CHANGE PLANS		RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEME	NT JOB []
OTHER:		OTHER:	
			and give pertinent dates, including estimated date
	ork). SEE RULE 1103.	For Multiple Completions: A	Attach wellbore diagram of proposed completion
or recompletion.			
		rom well head. BGT cons	tructed, operated and closed in accordance
with NMOCD guidelines and Will	iams procedures.	,	×2(1) 12(3)
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I hereby certify that the information	above is true and comple	ete to the best of my knowled	ge and belief. I further certify that any pit or below-
grade tank has been/will be constructed or	closed according to NMOCI	guidelines 🛛, a general permit 🗓	or an (attached) alternative OCD-approved plan
SIGNATURE	Corl .	TITLE EH&S Specialis	DATE 412/05
Type or print name Michael K.	Lane E-mail addre	ess: myke.lane@williams	.com Telephone No. 970-563-3319
•			
For State Use Only		PEPINY OH 9 CAC IND	SECTOR DIST AC APR 1 3 2005
APPROVED BY: 1 eur	4 Keiny		as some wast, marked the
Conditions of Approval (if any):	rt 1	_111LE	DATE
or reproved (in unit)			