Submit 3 Copies To Appropriate District	State of New Mex	kico	Form C-103
Office District I	Energy, Minerals and Natur	al Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		1	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION		30-039-27624
District III	1220 South St. Fran	eis-Dr_	5. Indicate Type of Lease  STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87	505 23	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		- d 'J'	
87505		14/1/20 01\ +	7. Lease Name or Unit Agreement Name
SUNDRY NOT OO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON; WELL'S SALS TO DRILL OR TO DEEPEN OR PLU		7. Lease Name of Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLI	CATION FOR PERMIT" (FORM C-101) FO	n'oriottic coll	Rosa
PROPOSALS.)	Gas Well 🛛 Other		8. Well Number 200A
Type of Well: Oil Well     Name of Operator	Gas well 🔼 Other 😲		9. OGRID Number
	Production Company, LLE	LOCAL DE LA COMPANION DE LA CO	120782
3. Address of Operator	Toddotton John Parity, ELOS, M.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. Pool name or Wildcat
	ırd Ave., Ignacio, CO 81137		Fruitland Coal
4. Well Location			
	975 feet from the S 1	ine and 1615	feet from the E line
	ownship 31N Range 05W N		ounty Rio Arriba
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
6522' GR			
Pit or Below-grade Tank Application ⊠ or Closure □			
Pit typeDepth to Groundwater_>100 ft_Distance from nearest fresh water well_>1000 ft_ Distance from nearest surface water_>500 ft_			
Pit Liner Thickness: mil Below-Grade Tank: Volume 120 bbls: Construction Material Steel (Plastic Liner)			
<del>_</del>			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		REMEDIAL WORK	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	
PULL OR ALTER CASING		CASING/CEMENT	<del></del>
OTHER:		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.			
Below Grade tank to be located approximately 50 feet from well head. BGT constructed, operated and closed in accordance			
with NMOCD guidelines and Williams procedures.			
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I hereby certify that the information	a shove is true and complete to the he	et of my Imageladae	and belief. I further certify that any pit or below
grade tank has been/will be constructed o	r closed according to NMOCD guidelines 🗵	3. a general permit $\square$ o	or an (attached) alternative OCD-approved plan
SIGNATURE	TITLE	EH&S Specialist	DATE 6/2/05
Type or print name Michael K.	Lane E-mail address: myke.	lane@williams.co	om Telephone No. 970-563-3319
For State Use Only	O(i)		NA na -
For State Use Only	<u> </u>	eputy on & Gas in	SPECTOR, DIST. AS JUN - 9 200E
APPROVED BY:	TITLE		0 2000
Conditions of Approval (if any):	11 0		