Submit 3 Copies To Appropriate District	State of N	New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-039-27703
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERV	ATION DIVISION	5. Indicate Type of Lease
District III		St. Francis Dr.	STATE   FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe	, NM 87505 12 0 2	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		( Jun 5 3)	
87505 SUNDRY NO	TICES AND REPORTS ON	IMPELLS SOO	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PRO	POSALS TO DRILL OR TO DEER	EN OR PLUG BACK TO'A	
DIFFERENT RESERVOIR. USE "APP PROPOSALS.)	LICATION FOR PERMIT" (FORM	A-C-101) FOR SUCH	Rosa
1. Type of Well: Oil Well	Gas Well 🛛 Other		8. Well Number <b>202A</b>
2. Name of Operator	_	Chin will	9. OGRID Number
	Production Company,	LLC WILLIAM SAN	120782
3. Address of Operator	lard Ave., Ignacio, CO 8	1137	10. Pool name or Wildcat  Fruitland Coal
4. Well Location			
	. 2280 foot from the	N line and 1310.	feet from the W line
Section 23 Township 31N Range 06W NMPM County Rio Arriba  11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
6218' GR			
Pit or Below-grade Tank Application	or Closure	**************************************	1 ( 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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: Volur	ne 120 bbls: Const	ruction Material Steel (Plastic Liner)
<del></del>			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF	INTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK [		☐ REMEDIAL WOR	K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON [	CHANGE PLANS	☐ COMMENCE DRI	<del></del>
PULL OR ALTER CASING [	MULTIPLE COMPL	CASING/CEMEN	T JOB L
OTHER:		OTHER:	П
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.			
			•
			•
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 \( \subseteq \), a general permit \( \subseteq \) or an (attached) alternative OCD-approved plan \( \subseteq \).			
SIGNATURE TITLE EH&S Specialist DATE 6/2/05			
Type or print name Michael F	K. Lane E-mail address	s: myke.lane@williams.c	om Telephone No. 970-563-3319
For State Use Only	$A_{i,j}$	GEPUTY ON 2 GAC 1100	PECTOR, DIST. #8 DATE
APPROVED BY: Conditions of Approval (if any):	Apol	TITLE	DATE