Submit 3 Copies To Appropriate District	State of New Me	xico	Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-039-29537
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	PIVISION	5. Indicate Type of Lease
District III	1220 South St. Fran	a ' (M)	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87	7505 St 3	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		200 - 1	
87505 SUNDRY NO	OTICES AND REPORTS ON WELL'S	<u> </u>	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PRO	POSALS TO DRILL OR TO DEEREN OR PL	JG BACK TO A	7. <u></u>
	LICATION FOR PERMIT" (FORM 6-101) FO	OR SUCH 1	Rosa
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	, NOV	8. Well Number 263A
2. Name of Operator		9. OGRID Number	
Williams	s Production Company, LLC		120782
3. Address of Operator			10. Pool name or Wildcat
999 Goddard Ave., Ignacio, CO 81137			Basin Fruitland Coal
4. Well Location			
Unit Letter E: 1705 feet from the S line and 585 feet from the W line			
Section 21 Township 31N Range 05W NMPM County Rio Arriba			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6414' GR			
Pit or Below-grade Tank Application		GR	
400 0			
Pit Liner Thickness: mil Below-Grade Tank: Volume 120 bbls; Construction Material Steel with Plastic Liner			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		REMEDIAL WOR	
-	☐ MULTIPLE COMPL ☐	CASING/CEMENT	
	_		
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.			
of 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 informati	on above is true and complete to the b	est of my knowledge	e 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 EH&S Specialist DATE 43/05			
Type or print name Michael K. Lane E-mail address: myke.lane@williams.com Telephone No. 970-563-3319			
D. O. A. W. O. B.	-	-	-
For State Use Only		UTY OIL & GAS INC	DECTOR DUTY - IIINI - 0 0000
APPROVED BY:	Theft TITLE	. ~	PECTOR, DIST. 2005
Conditions of Approval (if any):			