

Submit 3 Copies
 To Appropriate
 District Office
DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-103
 Revised 1-1-89

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

DISTRICT II
 811 South First, Artesia NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-045-32734
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 17036
7. Lease Name or Unit Agreement Name: ROSA UNIT
8. Well No. 185B
9. Pool name or Wildcat BLANCO MV/BASIN DK

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name: ROSA UNIT
2. Name of Operator WILLIAMS PRODUCTION COMPANY	8. Well No. 185B
3. Address of Operator P O BOX 3102, MS 25-2, TULSA, OK 74101	9. Pool name or Wildcat BLANCO MV/BASIN DK
4. Well Location (Surface) Unit letter <u>F</u> : 1725 feet from the <u>NORTH</u> line & 2155 feet from the <u>WEST</u> line Sec 16-31N-06W SAN JUAN, NM	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6428' GR	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

- | | | | |
|-----------------------|------------------|------------------------------|----------------------|
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING OPNS. Spud | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | | CASING TEST AND CEMENT JOB | |
| OTHER: | | OTHER: | |

12. 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.

This well was spud @ 1700 hrs 06/09/05

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tracy Ross TITLE: SR. Production Analyst DATE: June 12, 2005

Type or print name TRACY ROSS Telephone No: (918) 573-6254
 (This space for State use)

APPROVED BY Chad TITLE: SUPERVISOR DISTRICT # 3 DATE JUN 16 2005

Conditions of approval, if any: