

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

**DISTRICT II**  
811 South First, Artesia NM 88210

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised 1-1-89

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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)		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
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	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  
(This space for State use)

Telephone No: (918) 573-6254

APPROVED BY Chad TITLE: SUPERVISOR DISTRICT # 3 DATE: JUN 16 2005  
Conditions of approval, if any: