Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	40.035.26.272	WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-039-29364
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	O. State Off & Gas Lease No.
87505		
	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIE	CATION FOR PERMIT" (FORM C-NOL) FOR SUCH	Rosa
PROPOSALS.)	8 7 a a V	8. Well Number 382
1. Type of Well: Oil Well	Gas Well Other	
2. Name of Operator Williams I	Production Company, LLC	9. OGRID Number 120782
3. Address of Operator	Toudelloir Company, LLC	10. Pool name or Wildcat
	rd Ave., Ignacio, CO 81137	Fruitland Coal
4. Well Location		
Unit LetterO:_95feet from the _ FSL _ line and _1415 _feet from the FEL _ line		
Section 12 Township 31N Range 05W NMPM County Rio Arriba		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	6671' 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 hbls; Const	ruction Material Steel (Plastic Liner)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	TENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRI	_
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	T JOB
	<u>_</u>	_
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.		
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. (Resubmittal of earlier 11/22/04 application)		
I hereby certify that the information	above is true and complete to the best of my knowledg	e and helief I further certify that any nit or helow-
grade tank has been/will be constructed or	closed according to NMOCD guidelines , a general permit	or an (attached) alternative OCD-approved plan .
7,17		
SIGNATURE CONTRACTOR	TITLE EH&S Specialist	DATE <u>6/28/05</u>
m		
Type or print name Michael K.	Lane E-mail address: myke.lane@williams.c	om Telephone No. 970-563-3319
For State Use Only		
	PEDITY ASL A ALL	JUN 2 9 2005
APPROVED BY: A VILLE	ance TITLE TITLE GAS IN	SPECTOR DIST. 59 DATE_
Conditions of Approval (if any):		