Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Res	ources May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	-	WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVI	SION 30-039-29511
District III	1220 South St. Francis Di	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM		O. State Off & Gas Lease No.
87505		2772
SUNDRY NOT	ICES AND REPORTS ON WELLS STATE BACK	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLI	CATION FOR PERMIT" (FORM C. 101) FOR SUCH	Rosa
PROPOSALS.)		8. Well Number 232A
1. Type of Well: Oil Well	Gas Well Other	12. (2) 1 4
2. Name of Operator	Production Company, LEC	9. OGRID Number 120782
3. Address of Operator	-roddction company, eco	10. Pool name or Wildcat
999 Goddard Ave., Ignacio, CO 81137		
4. Well Location		
1	1385 feet from the FSI line and 2	020 feet from the FFI line
Unit LetterJ:1385feet from theFSL _ line and _2020 _feet from theFELline Section		
Section 20 10	11. Elevation (Show whether DR, RKB, I	
	6416' GR	ir, or, cic.)
Pit or Below-grade Tank Application ⊠ or Closure □		
Pit type Depth to Groundwater	>100 ft_Distance from nearest fresh water well>	1000 ft Distance from nearest surface water>500 ft_
		hbls; Construction Material Steel (Plastic Liner)
		· · · · · · · · · · · · · · · · · · ·
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	ITENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		EDIAL WORK
TEMPORARILY ABANDON	-	MENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING	= 1	NG/CEMENT JOB
	_	_
OTHER:	OTHE	
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.		
I hereby certify that the information	above is true and complete to the best of tr	y knowledge and belief. I further certify that any pit or below-
		ral permit or an (attached) alternative OCD-approved plan.
SIGNATURE 1	TITLE EH&S	Specialist DATE 6/28/05
Type or print name Michael K.	Lane E-mail address: myke.lane@	williams.com Telephone No. 970-563-3319
		Total Total Total Tion of the Control Tion
For State Use Only		·
For State Use Only	DEPITY ON 1	CAS INCRECTOR DATE AND ALLER OF THE CASE INCRESSED AND ALLER O
APPROVED BY: A. VIL		CAS INCRECTOR DATE AND ALLER OF THE CASE INCRESSED AND ALLER O