Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Reso	urces May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-039-29608
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVIS	IUN 5 Indicate Type of Lease
District III	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM ₂ 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	13 On 200x	
87505 SUNDRY NOTI	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK CATION FOR PERMIT FORM C-1011 FOR SUCH	TO A
DIFFERENT RESERVOIR. USE "APPLIC	CATION FOR PERMIT FORM C-101) FOR SUCH	Rosa
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 239A
2. Name of Operator	CCC 12 OCULO	9. OGRID Number
Williams F	Production Company, LLC	120782
3. Address of Operator		10. Pool name or Wildcat
	c 640, Aztec, NM 87410	Fruitland Coal
4. Well Location		
Unit Letter P_:_220_feet from the FSL line and 1070 feet from the FEL line		
Section 2 Township 31N Range 06W NMPM County Rio Arriba		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
6236' GR Pit or Below-grade Tank Application ☑ or Closure □		
Pit Liner Thickness: mil	Below-Grade Tank: Volume120t	obls; Construction MaterialSteel (Plastic Liner)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	TENTION TO:	CHREEOUENT DEDORT OF
PERFORM REMEDIAL WORK	<u></u>	SUBSEQUENT REPORT OF: DIAL WORK
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING		G/CEMENT JOB
	_	_
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.		
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 my	knowledge and belief. I further certify that any pit or below-
grade tank has been/will be constructed or	closed according to NMOCD guidelines ⊠, a gener	al permit 🗌 or an (attached) alternative OCD-approved plan 🔲.
SIGNATURE	TITLE SUIS	Considiat DAMP 0/A/OF
SIGNATURE CONTRACTOR	TITLE EH&S	Specialist DATE 8/4/05
Type or print name Michael K.	Lane E-mail address: mvke.lane@v	villiams.com Telephone No. 505-634-4219
•	,	· · · · · · · · · · · · · · · · · · ·
For State Use Only		ALIO A COCC
APPROVED BY: Dem	1 tent TITLE ON E	GAS INSPECTOR, DIST. DATE
Conditions of Approval (if any):	ille	DATE
figure of Approval (it any)		