Submit 3 Copies To Appropriate District	State of New Me	xico		Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. <b>30-045-33245</b>		
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of	Teace
District III	1220 South St. Francis Dr. S.		STATE	FEE 🖂
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa He AUVEX / SUS 750 / 20		6. State Oil & Gas	
1220 S. St. Francis Dr., Santa Fe, NM		200g	<b>L</b>	
87505 SUNDRY NOT	CES AND REPORTS ON WELLS		7. Lease Name or I	Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPENOR PLUG BACK TO A ST				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Rosa	
1. Type of Well: Oil Well Gas Well Other			8. Well Number 27	74A
2. Name of Operator			9. OGRID Number	
Williams Production Company, LLC				20782
3. Address of Operator			10. Pool name or V	Vildcat
PO Box 640, Aztec, NM 87410			Fruitland Coal	
4. Well Location				
Unit Letter G :_ 1820_ feet from the _ FNL _ line and _1940 _feet from the FELline				
Section 16 Township 31N Range 06W NMPM County Rio Arriba				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
6328' GR  Pit or Below-grade Tank Application ⊠ or Closure □				
	>100 ft Distance from nearest fresh wate	rwall >1000 ft Dis	tance from nearest surf	oce water >500 ft
-	<del>-</del>			
Pit Liner Thickness: mil Below-Grade Tank: Volume 120 bbls; Construction Material Steel (Plastic Liner)				
12. 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				
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐				
				_
OTHER:  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 b	est of my knowledge	e and belief. I further	certify that any pit or below-
grade tank has been/will be constructed or	closed according to NMOCD guidelines [	Ⅺ, a general permit ∐	or an (attached) alternat	ive OCD-approved plan ∐.
SIGNATURE	O TITLE	FH&S Specialist	DATE	8/4/05
	11111	EH&S Specialist	DAIL_	0, 1, 00
Type or print name Michael K.	Lane E-mail address: myke	.lane@williams.c	om Telephone No.	505-634-4219
			-	
For State Use Only			TOTAL DIET IT	AUG - 8 2005
APPROVED BY: Dem	TITLE	JTY OR & GAS INSP	ECION, DIST. DE	DATE
Conditions of Approval (if any):				