Submit 3 Copies To Appropriate District	State of New Me	xico	Form C-103
Office	Energy, Minerals and Natur	ral Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II		20	ELL API NO. - 039-29581
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	A TOP TO STATE OF THE PARTY OF	Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fr	Cas Dr.	STATE FEE
District IV	Santa Fe, N	505	State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		MCC 2005	
SUNDRY NOT	ICES AND REPORTS ON WELLS	1 00 NOV	Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIE	SALS TO DRILL OR TO DEEPEN PLU CATION FOR PERMIT" (FORM C-100 FO	R SUCH 3	ea.
PROPOSALS.)	Car Wall M Other		Well Number 225A
Type of Well: Oil Well Name of Operator	Gas Well Other	// 0	OGRID Number
	Production Company, LLC	2.0	120782
3. Address of Operator			Pool name or Wildcat
	x 640, Aztec, NM 87410	Fri	uitland Coal
4. Well Location			
Unit Letter O : 715 feet from the FSL line and 1165 feet from the FEL line			
Section 12 Township 31N Range 06W NMPM County Rio Arriba 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	6503'		
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	Relow-Grade Tank: Volume 12	Obbls; Constructio	n MaterialSteel (Plastic Liner)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
	ITENTION TO:		QUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON ☐ CHANGE PLANS ☐	REMEDIAL WORK COMMENCE DRILLIN	☐ ALTERING CASING ☐ ☐ G OPNS.☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JO	
_			
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 be	est 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 general permit □ or an (attached) alternative OCD-approved plan □.			
SIGNATURE A	TITLE	EH&S Specialist	DATE <u>7/25/05</u>
Type or print name Michael K.	Lane E-mail address: myke.	lane@williams.com	Telephone No. 505-634-4219
For State Use Only		ITY OIL & GAS INSPECTO	DR, DIST. 58 JUL 2 6 2005
APPROVED BY: Conditions of Approval (if any):	TITLE_		DATE