Submit 3 Copies To Appropriate Distric	t 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		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 8821	OIL CONSERVATION DIVISION	30-045-33245
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE S
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Saina I C, 14141 67303	6. State Oil & Gas Lease No.
87505 SUNDRY NO	OTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PRO	PPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Rosa
PROPOSALS.)	<u> </u>	8. Well Number 180C
1. Type of Well: Oil Well	Gas Well 🛛 Other	
2. Name of Operator William	s Production Company, LLC	9. OGRID Number 120782
3. Address of Operator PO E	Box 640, Aztec, NM 87410	10. Pool name or Wildcat
4. Well Location	·	Alic 2008
	: 2010 feet from the FNL line and 15 feet from	m the FWL _line RECEIVED
		ounty San Juan
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	Juney Carry
Pit or Below-grade Tank Application D	6263' GR	
Pit typeDepth to Groundwate	er_>100 ft_Distance from nearest fresh water well>1000 ft I	Distance from nearest surface water >560468
		struction Material Steel (Plastic Liner)
12. Chec	k Appropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF	INTENTION TO: SUE	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
	-	RILLING OPNS. P AND A
	☐ MULTIPLE COMPL ☐ CASING/CEMEN	——————————————————————————————————————
OTHER:	□ OTHER:	П
	mpleted operations. (Clearly state all pertinent details, as	nd 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.		
	on above is true and complete to the best of my knowled to r closed according to NMOCD guidelines , a general permit	
1:-		go. an (acadened) after harive oeb approved plan
SIGNATURE AND SIGNATURE	TITLE EH&S Specialis	t DATE <u>8/26/05</u>
Type or print name Michael I	K. Lane E-mail address: myke.lane@williams.	com Telephone No. 505-634-4219
For State Use Only	•	
100000000000000000000000000000000000000	DEPUTY OR & GAS I	MSPECTOR, DIST. & DATE AUG 25 2005
APPROVED BY: DATE AUG 20 ZUUS Conditions of Approval (if any);		
Conditions of Applioval (if any)		
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