| Submit 3 Copies To Appropriate District Office  | State of New Mexico   |  |  | Form C-103                      |
|---|---|--|--|---------------------------------|
| District I  | Energy, Minerals and Natural Resources  |  | May 27, 2004   |                                 |
| 1625 N. French Dr., Hobbs, NM 88240   |   |  | WELL API NO.   |                                 |
| <u>District II</u><br>1301 W. Grand Ave., Artesia, NM 88210   | OIL CONSERVATION DIVISION   |  | 30-039-29512 5. Indicate Type of Lease                             |                                 |
| District III  | 1220 South St. Francis Dr.  |  | STATE FEI  |                                 |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, NM 87505  |  | 6. State Oil & Gas Lease No  |                                 |
| 1220 S. St. Francis Dr., Santa Fe, NM   |   |  |  |                                 |
| SUNDRY NOTICES AND REPORTS ON WELLS   |   |  | 7. Lease Name or Unit Agree  | ement Name                      |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A   |   | 7. Lease Name of Omit Agree                              | cincin ivalile   |                                 |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |   |  | Rosa   |                                 |
| PROPOSALS.)   | 1. Type of Well: Oil Well Gas Well Other                                      |  | 8. Well Number 227A  |                                 |
| 2. Name of Operator   |   |  | 9. OGRID Number  | ALACA TO                        |
| Williams Production Company, LLC  |   |  | 120782 /   | 3450/A                          |
| 3. Address of Operator  |   |  | 10. Pool name or Wildcat   | 4                               |
| PO Box 640, Aztec, NM 87410   |   |  | Basin Fruitland Coa  | SEP 200                         |
| 4. Well Location  |   |  | 60 6   | PECEIVED                        |
| Unit LetterO:   | _500feet from the _ FSL _ line a  | nd _1590 _feet from                                      | m the  FEL  line $\stackrel{\sim}{splus}$ $\stackrel{\sim}{splus}$ | DIL CONS. DIN                   |
| Section 7 Township 31N Range 06W NMPM County San Juan   |   |  |  |                                 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |   |  |  |                                 |
| 6373' GR  |   |  |  |                                 |
| Pit or Below-grade Tank Application 🛛 o   |   | 1000 %   |  | CCC C ICUCO                     |
| Pit typeDepth to Groundwater_>  | >100 ft_Distance from nearest fresh water                                     |  | tance from nearest surface water                                   | >500 ft_                        |
| Pit Liner Thickness: mil  | Below-Grade Tank: Volume120   | ) <u>bbls: Constr</u>                                    | uction Material Double-wall  | Steel                           |
| 12. Check A   | Appropriate Box to Indicate Na  | ature of Notice, l                                       | Report or Other Data   |                                 |
|   |   |  | _  | _                               |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING                                     |   |  |  |                                 |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRIL                             |   |  |  |                                 |
| TEMPORARILY ABANDON   |   |  |  | Ц                               |
| TOLE ON ALTEN CASING  | MOLTIFEE COMITE   | CASING/CLIVILINI   | 300  |                                 |
| OTHER:  |   | OTHER:   |  |                                 |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date |   |  |  |                                 |
|   | ork). SEE RULE 1103. For Multipl  | e Completions: Att                                       | ach wellbore diagram of propo                                      | sed completion                  |
| or recompletion.  |   |  |  |                                 |
|   |   |  |  |                                 |
| Below Grade tank to be located a  | approximately 50 feet from well h   | ead. BGT constru   | icted, operated and closed   | in accordance                   |
| with NMOCD guidelines and Williams procedures.  |   |  |  |                                 |
|   |   |  |  |                                 |
|   |   |  |  |                                 |
|   |   |  |  |                                 |
|   |   |  |  |                                 |
|   |   |  |  |                                 |
| I hereby certify that the information   | above is true and complete to the he  | est of my knowledge                                      | and helief I further certify that                                  | any nit or holow-               |
| I hereby certify that the information grade tank has been/will be constructed or  |   |  |  |                                 |
|   | closed according to NMOCD guidelines  | ], a general permit 🔲                                    | or an (attached) alternative OCD-ap                                |                                 |
|   | closed according to NMOCD guidelines  |  | or an (attached) alternative OCD-ap                                | pproved plan 🗌.                 |
| grade tank has been/will be constructed or  | closed according to NMOCD guidelines TITLE                                    | 3, a general permit 🗖                                    | or an (attached) alternative OCD-ap                                | oproved plan [].                |
| grade tank has been/will be constructed or SIGNATURE  Type or print name  Michael K.  | closed according to NMOCD guidelines TITLE                                    | 3, a general permit 🗖                                    | or an (attached) alternative OCD-ap                                | oproved plan [].                |
| SIGNATURE  Type or print name  Michael K.  For State Use Only   | closed according to NMOCD guidelines TITLE  TITLE  Lane E-mail address: myke. | 3, a general permit ☐ 6 EH&S Specialist lane@williams.co | DATE 9/6/C  DATE 505-634   | pproved plan □.<br>05<br>4-4219 |
| SIGNATURE  Type or print name  Michael K.  For State Use Only  APPROVED BY:   | closed according to NMOCD guidelines TITLE  TITLE  Lane E-mail address: myke. | 3, a general permit 🗖                                    | DATE 9/6/C  DATE 505-634   | oproved plan [].                |
| SIGNATURE  Type or print name  Michael K.  For State Use Only   | closed according to NMOCD guidelines TITLE  TITLE  Lane E-mail address: myke. | 3, a general permit ☐ 6 EH&S Specialist lane@williams.co | DATE 9/6/C  Telephone No. 505-634                                  | pproved plan □.<br>05<br>4-4219 |