Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Reso	ources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		I .	ELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVIS	11 11 1	Indicate Type of Lease
District III	1220 South St. Francis Dr.	J.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6.	State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		+	
87505 SLINDRY NOT	TICES AND REPORTS ON WELLS	7	Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		I .	Lease Name of Olin Agreement Name
	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Ro	osa
PROPOSALS.)  1. Type of Well: Oil Well	. Type of Well: Oil Well Gas Well Other		Well Number 80C
2. Name of Operator		9.	OGRID Number
	Production Company, LLC		120782
3. Address of Operator		10	. Pool name or Wildow
PO Bo	x 640, Aztec, NM 87410	ВІ	anco Mesa Verde
4. Well Location			
4. Well Location Unit Letter N_:_1650_feet from the FSL_line and _330_feet from the FWL_line			
Section 8 Township 31N Range 05W NMPM County Rio Arriba			
	11. Elevation (Show whether DR, RKB, RT	T, GR, etc.)	Complete Tale Company
	6384' GR		
Pit or Below-grade Tank Application 🛛		1000 (1	500 %
	>100 ft_Distance from nearest fresh water well>1		
Pit Liner Thickness: mil	Below-Grade Tank: Volume 120 b	obls: Constructi	on Material Double-wall Steel
12. Check	Appropriate Box to Indicate Nature of	f Notice, Rep	oort or Other Data
NOTICE OF I	STENTION TO	OLIBOE	OUENT DEPORT OF
NOTICE OF IT PERFORM REMEDIAL WORK □	NTENTION TO:		QUENT REPORT OF:
TEMPORARILY ABANDON		DIAL WORK ENCE DRILLIN	☐ ALTERING CASING ☐ IG OPNS.☐ P AND A ☐
PULL OR ALTER CASING	<u> </u>	G/CEMENT JO	<del>_</del>
TOLE ON ALTEN GAOING	MOETH LE COMM E	O/OLIVILIVI 00	
OTHER:	□ OTHER		
	pleted operations. (Clearly state all pertinent		
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. Bo	GT constructe	ed, operated and closed in accordance
with NMOCD guidelines and Wil			•
I hereby certify that the information	a above is true and complete to the best of my	knowledge an	d helief. I further contifu that any nit or helew
grade tank has been/will be constructed o	r closed according to NMOCD guidelines $\boxtimes$ , a genera	al permit 🔲 or a	a (attached) alternative OCD-approved plan .
SIGNATURE	TITLE EH&S	Specialist	DATE <u>9/6/05</u>
The state of the s	Lane B. 3.11 and L. C.	••••	T. 1
Type or print name Michael K.	E-mail address: myke.lane@w	villiams.com	Telephone No. <b>505-634-4219</b>
For State Use Only			
1	2011		SEP 0 7 2005
APPROVED BY:	TITLE CEVIT ON	l & Gas inspe	CTC2 MST A DATE
Conditions of Approval (if any):			