Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resource	es <u>May 27, 2004</u>
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-039-29607
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease 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		o. State off & Gas Lease 110.
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Rosa
1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 207A
2. Name of Operator		9. OGRID Number
	Production Company, LLC	120782
3. Address of Operator PO Bo	x 640, Aztec, NM 87410	10. Pool name or Wildow Fruitland Coal
4. Well Location		
Unit Letter E : 1340 feet from the FSL line and 400 feet from the FEL line		
Section 17 Township 31N Range 05W NMPM County Rio Arriba		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	6316' GR	
Pit or Below-grade Tank Application 🛛 o		S + 5 7
Pit typeDepth to Groundwater_>100 ft_Distance from nearest fresh water well_>1000 ft_ Distance from nearest surface water_>500 ft_Distance from nea		
Pit Liner Thickness: mil	Below-Grade Tank: Volume 120 bbls:	Construction Material Double-wall Steel
12. Check	Appropriate Box to Indicate Nature of No	otice, Report or Other Data
		•
		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	_	<u> </u>
TEMPORARILY ABANDON		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CE	EMENT JOB
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.		
<u> </u>	·	
TI 1 CO 1 CO 1		
I hereby certify that the information	above is true and complete to the best of my kno	wledge and belief. I further certify that any pit or below- rmit or an (attached) alternative OCD-approved plan .
	closed according to MMOCD guidennes (2), a general per	init [] of an (attached) afternative OCD-approved plan [].
SIGNATURE SIGNATURE	TITLE EH&S Spec	cialist DATE 9/20/05
Type or print name Michael K.	Lane E-mail address: myke.lane@willia	ams.com Telephone No. 505-634-4219
For State Hee Only		
For State Use Only		CAR INTERPRETARIO MICT.
APPROVED BY: Dem	TITLE CEPUT ON &	GAS INSPECTOR, DAST. $\mathcal{O}_{\mathrm{DATE}}$ SEP 2 1 2005
Conditions of Approval (if any):		
- · · · · ·		