Submit 3 Copies 10 Appropriate District	State of New M	exico	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	OIL CONSERVATION DIVISION		30-039-25012
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
District IV	Santa Fe, NM 8	7505 212733	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	É	July War College	
87505			
	ICES AND REPORTS ON WELL		Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR P CATION FOR PERMIT" (FORM C 101) I	LUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	: (CATION FOR PERMIT" (FORM CEIUT)		Rosa
1. Type of Well: Oil Well	Gas Well 🛛 Other	Dist s Div.	Well Number 267
2. Name of Operator	(Car)	- (-PPGM 15)	9. OGRID Number
Williams Production Company, LLC 120782			
3. Address of Operator	Toudetion Company, ELO	CACA CACA	10. Pool name or Wildcat
	OB 640, Aztec, NM	- alexander	Basin Fruitland Coal
	OB 040, Aztec, Itili		Dasiii i Idilalid Odal
4. Well Location			
Unit LetterM:		line and1200	feet from theWline
Section 28 To	ownship 31N Range 05W	NMPM (County Rio Arriba
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	•	3' GR	
Pit or Below-grade Tank Application			the second state of the se
		sh water wall >1000 ft	Distance from nearest surface water_>500 ft_
	. – –		_ , _
Pit Liner Thickness: 12 m	il Below-Grade Tank: Volume	bbls: Consti	uction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Bata			
NOTICE OF IN	NTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐			
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐			
PULL OR ALTER CASING	 -	CASING/CEMEN	<u> </u>
FULL OR ALTER CASING	MOLTIPLE COMPL	CASING/CEMEN	I JOB L
OTHER:	П	OTHER:	П
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.			
of recompletion.			
Workover nit to be located appro	vimately 50 to 75 feet from well	head Pit to he us	ed to recayatate and nit will be considered
Workover pit to be located approximately 50 to 75 feet from well head. Pit to be used to recavatate and pit will be considered out of service once production tubing set. Pit to be constructed, operated and closed in accordance with NMOCD guidelines			
and Williams procedures.			
and Williams procedures.			
			e and belief. I further certify that any pit or below-
grade tank has been/will be constructed o	r closed according to NMOCD guidelines	⊠, a general permit ∐	or an (attached) alternative OCD-approved plan .
SIGNATURE	TITLE	EH&S Specialist	DATE 4/20/06
Type or print name Michael K.	Lane E-mail address: myk	e.lane@williams.c	com Telephone No. 505-634-4219
For State Use Only			
innover 1 less	my feerf TITLE	MERCHANISM ALL A CAC IN	ispection, dist. (3) $_{ m DATE}$ APR 21 2006
APPROVED DI:	TITLE TITLE	ETUIT UIL & GAS IN	DATE
Conditions of Approval (if any):	/		
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