Submit 3 Copies To Appropriate District	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.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-039-29835
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	17 10 70		NMSF-078771
87505			
SUNDRY NOTICES AND REPORTS ON WEELS 4. 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C 101) FOR SUCCESS			Rosa
PROPOSALS.)		8. Well Number 217A	
1. Type of Well: Oil Well	Gas Well Other Off Off		
2. Name of Operator	ms Production Company, LLC.		9. OGRID Number 120782
3. Address of Operator 10. Pool name or Wildcat			
PO Box 640, Aztec, NM 87410			Basin Fruitland Coal
4. Well Location	4,	F (7 / 1/2)	
Unit Letter J:_1500feet from the _ FNL _ line and _ 2260_feet from the FEL _ line			
Section 11 Township 31N Range 06W NMPM County Rio Arriba 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
6349' GR			
Pit or Below-grade Tank Application ⊠ or Closure □			
Pit typeDepth to Groundwater_>100 ft_Distance from nearest fresh water well>1000 ft Distance from nearest surface water>500 ft			
Pit Liner Thickness: mil	-	_	uction Material Steel-Double Wall & Bottom
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
TEMPORARILY ABANDON	· · ·	LING OPNS. P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	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.			
of 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.			
I hereby certify that the information	above is true and complete to the be-	at of my knowledge	and belief. I further certify that any pit or below-
grade tank has been/will be constructed or	closed according to NMOCD guidelines \boxtimes	, a general permit \square	or an (attached) alternative OCD-approved plan .
SIGNATURE	TITLE	H&S Specialist	DATE <u>5/15/06</u>
			
Type or print name Michael K.	Lane E-mail address: myke.l	ane@williams.co	om Telephone No. 505-634-4219
For State Use Only	,		
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APPROVED BY: Franch Delle TITLE PUTY OIL & GAS INSPECTOR, DIST. 4 DATE 1 8 2006			
Conditions of Approval (if any):			