Submit 3 Copies To Appropriate District	State of New Me	xico	Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-039-29780
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		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 87	7505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			NMSF-0078888
	ICES 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			
PROPOSALS.)			Rosa 247
1. Type of Well: Oil Well Gas Well Other			8. Well Number 347
2. Name of Operator			9. OGRID Number
Williams Production Company, LLC 3. Address of Operator			120782 10. Pool name or Wildcat
PO Box 640, Aztec, NM 87410			Basin Fruitland Coal
4. Well Location			
	2470 feet from the N	line and 258	0 feet from the W line
			County Rio Arriba
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	7018'		
Pit or Below-grade Tank Application	or Closure 🗌		
Pit typeBGTDepth to Groundw	ater_>100 ft_Distance from nearest fresh	water well_>1000 ft	Distance from nearest surface water<500 ft_
Pit Liner Thickness: mil	Below-Grade Tank: Volume12	0bbls; Const	ruction MaterialDouble wall steel)
12 Check	Appropriate Box to Indicate N	ature of Notice	Report or Other Data
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
	NTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WORL	
TEMPORARILY ABANDON DULL OR ALTER CASING		COMMENCE DRI	
FULL OR ALTER CASING	MOLTIPLE COMPL	CASING/CEMENT	ГЈОВ 📙
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 h	nead. BGT constru	ucted, operated and closed in accordance
with NMOCD guidelines and Wil	liams procedures.		JUN 5008 3
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I hereby certify that the information above is true and complete to the best 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 , a general permit or an (attached) alternative OCD-approved plan.			
grade tank has been win be constructed or closed according to WitoCD guidennes , a general permit or an (attached) alternative OCD-approved plan .			
SIGNATURE	TITLE	EH&S Specialist	DATE 5/31/06
Type or print name Michael K. Lane E-mail address: myke.lane@williams.com Telephone No. 505-634-4219			
For State Use Only	1 1 1 Paus	Piri (Sephin	70 J. v. v
APPROVED BY:	MATITLE	PANTY COL & GAS INS	SPECTOR, DIST & DATE JUN 0 2 2006
Conditions of Approval (if any):			DATE