Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-039-24951 5. Indicate Type of Lease
District III	1220 South St. Francis Dr.	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	ALL STORE ALL STORES	o. State off & Gas Bease 110.
87505),	
	CICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Rosa
PROPOSALS.)		8. Well Number 337
1. Type of Well: Oil Well	Gas Well 🛛 Other	
2. Name of Operator	Production Company, LLC	9. OGRID Number 120782
3. Address of Operator	Production Company, LLC	10. Pool name or Wildcat
	OB 640, Aztec, NM	Basin Fruitland Coal
4. Well Location		
	2045 feet from the S line and 4450	feet from the W line
Section 32 Township 31N Range 05W NMPM County Rio Arriba		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6525' GR		
Pit or Below-grade Tank Application 🖂		
	water_>100 ft_Distance from nearest fresh water well_>1000 ft	Distance from nearest surface water >500 ft
Pit Liner Thickness: 12 n	nil Below-Grade Tank: Volumebbls: Const	ruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON	l l	ILLING OPNS. P AND A
PULL OR ALTER CASING	<u> </u>	
POLE ON ALTEN CASING	J MOETH EL COMPE 🔲 CASHAG/CEMEN	1 300
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.		
Workover nit to be located appr	ovimately 50 to 75 feet from well head. Pit to be us	sed 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.		
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	n above is true and complete to the best of my knowledg	
grade tank has been/will be constructed of	or closed according to NMOCD guidelines 🛛, a general permit 🗌	or an (attached) alternative OCD-approved plan 🗌.
	THE STATE OF THE S	, , , , , , , , , , , , , , , , , , ,
SIGNATURE	TITLE EH&S Specialis	t DATE <u>6/09/06</u>
Type or print name Michael K	. Lane E-mail address: myke.lane@williams.c	com Telephone No. 505-634-4219
Type of print name whomaer it	L-man address. myke.iane@wimams.k	7 Cicphone 140. 303-034-4213
For State Use Only		
	WE GETTY ON & GAS I	HSPECTOR DICT &: LAUN O a anno
APPROVED BY: DATE DATE		
Conditions of Approval (if any):		
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