Submit 3 Copies To Appropriate District	State of N	ew Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
District I 1625 N. French Dr., Hobbs, NM 88240	211018), 1111101010		WELL API NO.
District II	OIL CONCEDIA	TION DIVISION	30-039- 24863, 22/23
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease
District III			STATE FEE
District IV	00 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	ŕ		o. Sant on to San Boart.
87505			
	FICES AND REPORTS ON		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP			
DIFFERENT RESERVOIR. USE "APPL	LICATION FOR PERMIT" (FORM	C-101) FOR SUCH	Rosa
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other		8. Well Number 68
	das well 🔼 Other	100 AND 20018	OCRID Namber
2. Name of Operator	Draduction Company		9: OGRID Number
	Production Company, L		120782
3. Address of Operator	DOD 040 A-4 NIM		10! Pool name or Wildcat
	POB 640, Aztec, NM		Fruitland Coal
4. Well Location		10,	7
Unit Letter L :	1850 feet from the	Sline and790_	feet from the W line
Section 17 Township 31N Range 05W NMPM County Rio Arriba			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
6311' GR			
Pit or Below-grade Tank Application ⊠ or Closure □			
Pit type_Workover_Depth to Groundwater_>100 ft_Distance from nearest fresh water well_>1000 ft_ Distance from nearest surface water_>500 ft_			
Pit Liner Thickness: 12 mil Below-Grade Tank: Volume bbls: Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
1			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ REMEDIAL WORK ☐ ALTERING CASING ☐			
TEMPORARILY ABANDON] CHANGE PLANS	☐ COMMENCE DRI	ILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CASING/CEMEN	T JOB 🗍
_	<u> </u>		
OTHER:		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.			
Markover mit to be legated engaginetals 50 to 75 feet from well head. Dit to be used to be allowed and and an electrical week			
Workover pit to be located approximately 50 to 75 feet from well head. Pit to be used to handle mud and associated waste			
during P&A operations, and pit will be considered out of service once rig moved off location. Pit to be constructed, operated			
and closed in accordance with NMOCD guidelines and Williams' procedures.			
I hereby certify that the information	n above is true and complete	to the best of my knowledge	e and belief. I further certify that any pit or below-
grade tank has been/will be constructed	or closed according to NMOCD gu	idelines A. a general nermit	or an (attached) alternative OCD-approved plan .
2			a (actachea) accentante OCD-appioveu pian [].
SIGNATURE	Т	TLE <u>EH&S Specialist</u>	DATE 08/28/06
Sidning Control	11	LI IGO OPECIAIIST	DATE 00/20/00
Type or print name Michael K	lane E mail addresse	myka lana@williama a	om Talanhana No. ERE 624 4940
Type of print name wilcide K	. Lane E-man address:	myke.iane@williains.c	om Telephone No. 505-634-4219
For State Use Only			
	a #	CEPITY AND DECE	INSPECTOR, DIST. 19 AUG 3 1 2006
APPROVED BY: Branshen	Fundh TI	TLE	
Conditions of Approval (if any):	1)	ILE	DATE
COMUNIONS OF ADDIOVAL (II anv):			