In Lieu of
Form 3160
(June 1990)

UNITED STATES
DEPARTMENT OF INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICE AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION TO DRILL" for permit for such proposals

5. Lease Designation and Serial No.
SF-078777

6. If Indian, Allottee or Tribe Name

2006 SEP 27 AM 11 24

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

RECEIVED
070 FARMINGTON NM

1. Type of Well
Oil Well X Gas Well Other

8. Well Name and No.
ROSA UNIT #63A

2. Name of Operator
WILLIAMS PRODUCTION COMPANY

9. API Well No.
30-039-29776

3. Address and Telephone No.
PO BOX 3102 MS 25-2, TULSA, OK 74101 (918) 573-6254

10. Field and Pool, or Exploratory Area
BASIN FRUITLAND COAL

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1840' FSL & 1430' FEL, NW/4 SE/4 SEC 30-T31N-R04W

11. County or Parish, State
RIO ARRIBA, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
	Recompletion	New Construction
X Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment	Altering Casing	Conversion to Injection
	Other Production Test	Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Attached is the IP test that was conducted on the above well on August 22, 2006

OCT 2006

ACCEPTED FOR RECORD
OCT 02 2006
FARMINGTON FIELD OFFICE
BY TL Salyers

14. I hereby certify that the foregoing is true and correct

Signed Tracy Ross Title Sr. Production Analyst Date September 18, 2006
Tracy Ross

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD

NEW MEXICO OIL CONSERVATION COMMISSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Operator				Lease or Unit Name			
Williams Production Company				**ROSA UNIT**			
Test Type			Test Date	Well Number			
X Initial **Annual** **Special**			**8/21/2006**	**#63A (API # 30-039-29776)**			
Completion Date	Total Depth	Plug Back TD	Elevation	Unit	Sec	Twp	Rng
8/18/2006	**3534'**		**6546'**	**J**	**30**	**31N**	**4W**

Casing Size	Weight	d	Set At	Perforations:	County
7"	**23#**		**3322'**		**RIO ARRIBA**
Tubing Size	**Weight**	**d**	**Set At**	**Perforations:**	**Pool**
2-7/8"	**6.5#**		**3319'**		**BASIN**
Type Well - Single-Bradenhead-GG or GO Multiple			Packer Set At		Formation
					FT

Producing Thru	Reservoir Temp. oF	Mean Annual Temp. oF	Barometer Pressure - Pa	Connection
Tubing				

L	H	Gq	%CO2	%N2	%H2S	Prover	Meter Run	Taps
		0.6				**3/4"**		

	FLOW DATA			TUBING DATA		CASING DATA		
NO	Prover Line X Orifice Size	Pressure p.s.i.g	Temperature oF	Pressure p.s.i.g	Temperature oF	Pressure p.s.i.g	Temperature oF	Duration of Flow
SI	**2" X 3/4"**			**360**		**165**		**0**
1				**10**	**68**	**65**		**0.5 hr**
2				**10**	**68**	**65**		**1.0 hr**
3				**5**	**68**	**50**		**1.5 hrs**
4				**5**	**68**	**50**		**2.0 hrs**
5				**5**	**72**	**45**		**3.0 hrs**

RATE OF FLOW CALCULATION

NO	Coefficient (24 Hours)	hwPm	Pressure Pm	Flow Temp. Factor Fl	Gravity Factor Fg	Super Compress. Factor, Fpv	Rate of Flow Q,Mcfd
1	**9.604**		**17**	**0.9887**	**1.29**	**1.004**	**209**
2							
3							
4							

NO	Pr	Temp. oR	Tr	Z
1				
2				
3				
4				
5				

Gas Liquid Hydrocarbon Ration ____ Mcf/bbl.
A.P.I Gravity of Liquid Hydrocabrons ____. Deq.
Specific Gravity Separator ____.
Specific Gravity Flowing Fluid xxxxxxxxxx XXXXXX
Critical Pressure ____p.s.i.a. ____p.s.i.a.
Critical Temperature ____ R ____ R

Pc **177** Pc^2 **31329**

NO	Ptl	Pw	Pw^2	Pc^2-Pw^2
1		**57**	**3249**	**28080**
2				
3				
4				

(1) $\frac{Pc^2}{Pc^2-Pw^2}$ = **1.1157051** (2) $\frac{Pc^{2\wedge n}}{Pc^2-Pw^2}$ = **1.0856**

AOF = Q $\frac{Pc^{2\wedge n}}{Pc^2 - Pw^2}$ = **227**

Absolute Open Flow **227** Mcfd @ 15.025 Angle of Slope ____. Slope, n **0.75**

Remarks:

Approved By Commission:	Conducted By:	Calculated By:	Checked By:
	Mark Lepich	Tracy Ross	