

Submit 3 Copies  
To Appropriate  
District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
2040 South Pacheco  
Santa Fe, NM 87505

**DISTRICT II**  
811 South First, Artesia NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  30-045-32024
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-504
7. Lease Name or Unit Agreement Name:  NEW MEXICO 32-11 COM
8. Well No.  #1B
9. Pool name or Wildcat  BLANCO MV

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator  WILLIAMS PRODUCTION COMPANY	
3. Address of Operator  P O BOX 3102, MS 25-2, TULSA, OK 74101	
4. Well Location (Surface) Unit letter <u>J</u> : <u>1820</u> feet from the <u>SOUTH</u> line & <u>2380</u> feet from the <u>EAST</u> line Sec 20-32N-11W SAN JUAN, NM	
10. Elevation (Show whether DF, RKB, RT, GR, etc. 6628' GR	

Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

**NOTICE OF INTENTION TO:**

**SUBSEQUENT REPORT OF:**

PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: Complete MV portion of well	

12. 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.

The above well name was incorrectly submitted on the original APD, please correct the well name to read New Mexico 32-11 COM #1B. The property code for this well should be 17040, it is under property code 33184 at this time. This change will be effective 12/01/03.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tracy Ross TITLE: SR. PRODUCTION ANALYST DATE: February 6, 2007

Type or print name TRACY ROSS Telephone No: (918) 573-6254  
(This space for State use)

APPROVED BY [Signature] TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3 DATE FEB 09 2007  
Conditions of approval if any: