Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office May 27, 2004 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-045-34156 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES 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 Rosa PROPOSALS.) 8. Well Number 029C 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 9. OGRID Number Williams Production Company, LLC 120782 10. Pool name or Wildcat 3. Address of Operator **Basin Mesa Verde** POB 640, Aztec, NM 4. Well Location 2310 feet from the E line Unit Letter O: 990 feet from the line and Section Township 32N Range 06W NMPM County San Juan 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6343' GR Pit or Below-grade Tank Application 🛛 or Closure 🗌 Pit type BGT Depth to Groundwater >100 ft Distance from nearest fresh water well >1000 ft Distance from nearest surface water >500 ft mil Below-Grade Tank: Volume 120 bbls: Construction Material Double-wall stee 12. 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 П REMEDIAL WORK ALTERING CASING □ COMMENCE DRILLING OPNS.□ P AND A TEMPORARILY ABANDON CHANGE PLANS П **PULL OR ALTER CASING** MULTIPLE COMPL \Box CASING/CEMENT JOB 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 head. BGT constructed, operated and closed in accordance with NMOCD guidelines and Williams procedures. RCUD APR2'07 ITL CONS. DIV. DIST. 3 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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines [A], a general permit [I] or an (attached) alternative OCD-approved plan [I]. SIGNATURE (TITLE EH&S Specialist DATE E-mail address: myke.lane@williams.com Telephone No. 505-634-4219 Type or print name Michael K. Lane For State Use Only SEPUTY OR & GAS INSPECTOR, DIST. 22 DATE APR 0 2 2007 APPROVED BY: 2 **TITLE**

Conditions of Approval (if any):