| In Lieu of<br>Form 3160<br>(June 1990)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DEPARTM                                                                                                                  | TED STATES<br>ENT OF INTERIOR<br>AND 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-078764  7077 APR 26 PN 3: 49 6. If Indian, Allottee or Tribe Name                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SUBMIT IN                                                                                                                | FRIPLICATE                                                                                                | 7 210 FASSA ON NO                                                                                                                                                                                                  |
| Type of Well     Oil Well X Gas Well     Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          | 8. Well Name and No.<br>Rosa Unit #166B                                                                   |                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. Name of Operator WILLIAMS PRODUCTION COMPANY                                                                          |                                                                                                           | 9. API Well No.<br>30-039-2984                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3. Address and Telephone No. PO BOX 640 Aztec, NM 87410-0640                                                             |                                                                                                           | 10. Field and Pool, or Exploratory Area Blanco MV                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Surface: 2305' FNL & 2305' FEL Sec. 30, T31N, R5W |                                                                                                           | 11. County or Parish, State Rio Arriba, NM                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CHECK APPROPRIA                                                                                                          | TE BOX(s) TO INDICATE NATURE OF NOTICE, REP                                                               | ORT, OR OTHER DATA                                                                                                                                                                                                 |
| TYPE OF SUBMISSION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          | OF ACTION                                                                                                 |                                                                                                                                                                                                                    |
| M s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Notice of Intent<br>Subsequent Report<br>Final Abandonment                                                               | Abandonment Recompletion Plugging Back Casing Repair Altering Casing X Other <u>request for extension</u> | Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| 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.)*  Williams Production Company, LLC. hereby requests a one year extension of the above referenced permit. The original permit expires on 5-25-07. Due to rig availability Williams has been unable to drill this well in the previous year but plans to drill this well in the upcoming drilling season.  RCUD MAY18'07  OIL CONS. DIV.  DIST. 3 |                                                                                                                          |                                                                                                           |                                                                                                                                                                                                                    |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T                                                                                                                        | S APPROVAL EXPINES                                                                                        |                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MOCD rules and must be met at time                                                                                       |                                                                                                           |                                                                                                                                                                                                                    |
| 14. I here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | eby certify that the foregoing is true and co                                                                            |                                                                                                           | ate                                                                                                                                                                                                                |
| Appro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | space for Federal or State office use) oved by itions of approval, if any:                                               | Title Petr. Eng                                                                                           | Date 5/16/07                                                                                                                                                                                                       |

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.