

UNITED STATES
DEPARTMENT OF INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

NOV 26 2008

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. Please Designation and Serial No
Farmington Field Office Jicarilla Apache Contract #93

6. If Indian, Allottee or Tribe Name
Jicarilla Apache Nation

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well
Oil Well Gas Well X Other

8. Well Name and No
Jicarilla 93 #12B

2. Name of Operator
WILLIAMS PRODUCTION COMPANY

9. API Well No
30-039-29805

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)
1190' FNL & 660' FWL, Sec. 34, T27N, R3W

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

X Subsequent Report

Final Abandonment

Abandonment
Recompletion
Plugging Back
Casing Repair
Altering Casing
X Other - SPUD

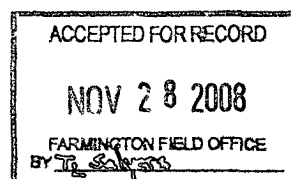
Change of Plans
New Construction
Non-Routine Fracturing
Water Shut-Off
Conversion to Injection
Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)

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)*

This well was spud 2000 hrs, 11-25-08 ✓

APD/ROW

RCVD DEC 2 '08
OIL CONS. DIV.
DIST. 3



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

Signed Larry Higgins
Larry Higgins

Title Drilling COM

Date 11-26-2008

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any:

NMOCD 10 12/3