In Lieu of Form 316 (June 199	DEPARTME	ED STATES ENT OF INTERIOR AND MANAGEMENT		FORM APPROVED Budget Bureau No 1004-0135 Expires March 31, 1993
SUNDRY NOTICE AND Do not use this form for proposals to drill or to deepen or TO DRILL" for permi		reentry to a different reservoir. Use "APPLICATION	5.	Lease Designation and Serial No. NM-03189
		it for such proposals	6.	If Indian, Allottee or Tribe Name N/A
SUBMIT IN TRIPLICATE RECEIVED			7.	If Unit or CA, Agreement Designation Cox Canyon
1.	Type of Well Oil Well X Gas Well Other	MAY 12 2010	8.	Well Name and No Cox Canyon Unit #4C
2.	Name of Operator WILLIAMS PRODUCTION COMPANY	Bureau of Land Management Farmington Field Office	9.	API Well No 30-045-33170
3.			10.	Field and Pool, or Exploratory Arca Blanco MV
4.	4. Location of Well (Footage, Sec., T, R, M, or Survey Description) Surface: 1675' FSL & 1690' FEL Sec. 21, T32N, R11W			County or Parish, State San Juan, NM
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				
TYPE OF SUBMISSION TYPE OF			OF ACTION	I
	Notice of Intent	Abandonment		Change of Plans
	X Subsequent Report	Recompletion Plugging Back		New Construction Non-Routine Fracturing
Final Abandonment		Casing Repair Altering Casing		Water Shut-Off Conversion to Injection
		X Other <u>FIRST DELIVERY-PERMANEN</u>		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)*				
This MV well was 1 st delivered on 5/8/10 @ 0800 hrs. The initial flow rate was 500 mcfd.				
Project T	ype: First Delivery Permanent			
Meter Code: 36193301				RCVD MAY 21 '10
Casing Pressure: 358				OIL CONS. DIV.
Tubing Pressure: 337				DIST. 3
Line Pressure: 98.1				
Permane	ent Connection to WFS			
,				
14. I hereby certify that the foregoing is true and correct				
Signed Permit Supervisor Date 5/10/10 Larry Higgins				
	(This space for Federal or State office use)	,		ACCEPTED FOR RECORD

NMOCD vy

Title

Approved by_

Conditions of approval, 1f any

Date MAY 1 3 2010

FARMINGTON BY OFFICE
BY _____