

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

Form C-103
Revised 1-1-89

DISTRICT II
811 South First, Artesia NM 88210

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

WELL API NO. 30-039-30595
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: JAECO-WPX 28-3
8. Well No. 21 #1
9. Pool name or Wildcat BLANCO MV/BASIN DK/BASIN MC

SUNDRY NOTICES AND REPORTS ON WELLS (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 25-4, TULSA, OK 74101	
4. Well Location (Surface) Unit letter <u>H</u> : <u>2310</u> feet from the <u>NORTH</u> line & <u>790</u> feet from the <u>EAST</u> line Sec 21-28N-3W RIO ARRIBA, NM	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7042' 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	
X OTHER: COMMINGLE		OTHER: _____	

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.

RCVD JUN 21 '10
OIL CONS. DIV.

DIST. 3

Commingle Procedure:

1. Drill out CIBP
2. Clean out to PBTD
3. Complete with single string 2-3/8" tubing, landed @ 7400'

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

SIGNATURE Rachel Lipperd TITLE: Engineering Technician II DATE: June 17, 2010

Type or print name Rachel Lipperd Telephone No: (918) 573-3046

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

AL