In Lieu of Form 316 (Junc 199	0-5 DEPARTMENT (D STATES OF THE INTERIOR ND MANAGEMENT RECEIVED		FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993	
		ID REPORTS ON WELLS	5.	Lease Designation and Serial No. SF-078771	
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use 23 "APPLICATION FOR PERMIT" for such proposals			6.	If Indian, Allottee or Tribe Name	
	SUBMIT IN	TRIPLICATE 070 FARMINGTON, NM	7.	If Unit or CA, Agreement Designation ROSA UNIT	
1.	Type of Well ☐ Oil Well Gas Well	□ Other	8.	Well Name and No. ROSA UNIT #94	
2.	Name of Operator WILLIAMS PRODUCTION COMPANY			API Well No. 30-039-07975	
3.	Address and Telephone No. PO BOX 3102 MS 37-4, TULSA, OK 74101 (918) 588-4592			Field and Pool, or Exploratory Area BLANCO MV-72319 / BASIN DK-71599	
4.	Location of Well (Footage, Sec., T., R., M., or Survey Description) 1250' FNL & 2245' FWL, SEC 11-T31N-R6W			County or Parish, State RIO ARRIBA, NM	
	CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				
	TYPE OF SUBMISSION TYPE O		OF ACTIO	F ACTION	
	OIL CONS	XOther Drilling Summary		☐ 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.)	
6-29-96 6-30-96 7-04-96 7-05-96	TD surface hole at 550'. Ran 12 jts. (530') of 10-3/4", 40.5#, J-55, ST&C casing and set at 544' KB. Cementers Inc. cemented with 335 sx (395 cu.ft.) of Cl "B" with 3% CaCl, and 1/4# of cello flake/sk. Displaced plug with 50.5 bbls of water and down at 1300 hrs 6/25/96. Circulated 15 bbls of cement to surface. Pressure test BOPs and casing to 1500# - held OK. Pressure test BOPs and surface pipe again to 1500# - held OK.				
14.	I hereby certify that the foregoing is true and Signed LARREEN KIMBREL	d correct Title SR. OFFICE	ASSISTANT	Date 7-10.96	

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.

*See Instruction on Reverse Side

Title

NMOCP

FARMINGTON DISTRICT OFFICE
BY

Date

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Conditions of approval, if any:

Approved by

(This space for Federal or State office use)