

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

1000 BRAZOS RD.  
AZTEC, NM 87410

Form C-103

Revised 1-1-89

Submit 3 copies to  
Appropriate District Office

DISTRICT 1  
P O Box 1980, Hobbs, NM 88240  
DISTRICT 2  
P O Drawer DD, Artesia, NM 88210  
DISTRICT 3  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-039-25563
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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)		7. Lease Name or Unit Agreement Name  ROSA UNIT	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		8. Well No. 23M	
2. Name of Operator WILLIAMS PRODUCTION COMPANY		9. Pool Name or Wildcat BLANCO MV 72319/BASIN DK 71599	
3. Address of Operator P O BOX 3102, TULSA, OK 74101			
4. Well Location Unit Letter <u>F</u> : <u>1850</u> Feet From The <u>N</u> Line and <u>1800</u> Feet From The <u>W</u> Line Section <u>29</u> Township <u>31N</u> Range <u>5W</u> NMPM <u>RIO ARRIBA</u> COUNTY			
		10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6388' GR	
CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPINIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>NAME CHANGE</u> <input checked="" type="checkbox"/>
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.  <u>WELL NAME CHANGE</u>  FROM: ROSA UNIT #23M  TO: ROSA UNIT #64M			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE <u>Susan Griguin</u> TITLE <u>OFFICE ASSISTANT</u> DATE <u>December 27, 1996</u> TYPE OR PRINT NAME <u>SUSAN GRIGUIN</u> TELEPHONE NO. <u>918/361-6254</u>			
(This space for State Use) Original Signed by <u>FRANK T. CHAVEZ</u> TITLE <u>SECRETARY</u> DATE <u>12/27/96</u> APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:			