In Lie	u of
Form	3160
(June	1990)

## **UNITED STATES** DEPARTMENT OF INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 , 1993

	KEUEIVEU		Expires: March 31, 1993
	RI M		
DRY NOTICE AND REPORTS ON WELLS	521.	5.	Lease Designation and Serial No.

SUNDRY NOTICE AND REPORTS ON WELLS

Do no	it use this form for proposals to drill or to deepen or reenty to a different reservoirs Use FAP DECALLON		SF-0/8//2
	TO DRILL" for permit for such proposals 199 JULY TO DRILL"	6.	If Indian, Allottee or Tribe Name
	070 FARMINGTON, NM		
	SUBMIT IN TRIPLICATE	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 #169A
<b>2</b> .	Name of Operator WILLIAMS PRODUCTION COMPANY DEGETYER	9.	API Well No. 30-039-26149
3.	Address and Telephone No. PO BOX 3102 MS 37-2, TULSA, OK 74101 (918) 573-6254  JUN - 4 1999	10.	Field and Pool, or Exploratory Area BLANCO MV
4. 	Location of Well (Footage, Sec., T., R., M., or Survey Description)	11.	County or Parish, State RIO ARRIBA, NM
	CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REP	ORT, OR C	OTHER DATA
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TYPE OF SUBMISSION TYPE OF ACTION ☐ Notice of Intent ☐ Change of Plans ☐ New Construction □ Abandonment □ Recompletion ■ Subsequent Report □ Plugging Back ☐ Non-Routine Fracturing □ Casing Repair ☐ Water Shut-Off ☐ Final Abandonment □ Altering Casing ☐ Conversion to Injection ■ Other SPUD WELL ☐ Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

This well was spudded 0230 hrs 5-28-1999.

## APD/ROW

14.	I hereby certify that the foregoing is true and corre			
	Signed Tracy Ross Tracy Ross	Title <u>Production Analyst</u>	Date <u>May 28, 1999</u>	
	(This space for Federal or State office use)			<u></u>
	Approved by	Title	Date Control of the C	
	Conditions of approval, if any:			
			partment or agency of the United States any false, fictitious of	r fraudulent
statemen	nts or representations as to any matter within its juriso	diction.	programme in the control of the cont	Œ
		NMOCD	St (mm	

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well 13. is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*