

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

Form C-103
 Revised 1-1-89

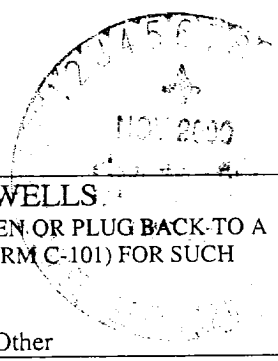
OIL CONSERVATION DIVISION

2040 South Pacheco
 Santa Fe, NM 87505

DISTRICT II
 811 South First, Artesia NM 88210

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

WELL API NO. 30-039-26386
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 120782
7. Lease Name or Unit Agreement Name: ROSA UNIT
8. Well No. 183A
9. Pool name or Wildcat BLANCO MV



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	7. Lease Name or Unit Agreement Name: ROSA UNIT
2. Name of Operator WILLIAMS PRODUCTION COMPANY	8. Well No. 183A
3. Address of Operator P O BOX 3102, MS 37-2, TULSA, OK 74101	9. Pool name or Wildcat BLANCO MV
4. Well Location (Surface) Unit letter <u>F</u> : 1585 feet from the <u>NORTH</u> line & 790 feet from the <u>WEST</u> line Sec 19-31N-05W RIO ARRIBA, NM	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6299' 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. Spud | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | | CASING TEST AND CEMENT JOB | |
| OTHER: | | 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.

This well was spud @ 2300 hrs 10/31/00

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

SIGNATURE Tracy Ross TITLE: PRODUCTION ANYALST DATE: November 2, 2000

Type or print name TRACY ROSS Telephone No: (918) 573-6254

(This space for State use)

APPROVED BY _____ TITLE _____ DATE NOV 2 2000

Conditions of approval, if any: