

In Lieu of  
Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use  
"APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

|  |   |
|--|---|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No.<br>NMNM03189                |
| 2. Name of Operator<br>WILLIAMS PRODUCTION COMPANY   | 6. If Indian, Allottee or Tribe Name                            |
| 3. Address and Telephone No.<br>PO BOX 3102 MS 37-4, TULSA, OK 74101 (918) 561-6181  | 7. If Unit or CA, Agreement Designation                         |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>1568' FSL 1237' FWL, NWSW SEC. 09, T32N, R11W          | 8. Well Name and No.<br>COX CANYON UNIT #200                    |
|  | 9. API Well No.<br>3004527878                                   |
|  | 10. Field and Pool, or Exploratory Area<br>BASIN FRUITLAND COAL |
|  | 11. County or Parish, State<br>SAN JUAN, NEW MEXICO             |

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                         | TYPE OF ACTION  |
|--|---|
| <input type="checkbox"/> Notice of Intent  | <input type="checkbox"/> Abandonment                                  |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion                                 |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back                                |
|  | <input type="checkbox"/> Casing Repair                                |
|  | <input type="checkbox"/> Altering Casing                              |
|  | <input checked="" type="checkbox"/> Other <u>CHANGE IN API NUMBER</u> |
|  | <input type="checkbox"/> Change of Plans                              |
|  | <input type="checkbox"/> New Construction                             |
|  | <input type="checkbox"/> Non-Routine Fracturing                       |
|  | <input type="checkbox"/> Water Shut-Off                               |
|  | <input type="checkbox"/> Conversion to Injection                      |
|  | <input type="checkbox"/> Dispose Water                                |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

Williams Production Company requests the change of the API Well No. on the above well. The wrong number had been used. Please use 3004527878 instead of 3004527877.

14. I hereby certify that the foregoing is true and correct

Signed Kris Russell Title Production Analyst

Date February 07, 1996

(This space for Federal or State office use)

Approved by Title

Date

Conditions of approval, if any:

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

ACCEPTED FOR RECORD

FEB 14 1996

NMOC6

FARMINGTON DISTRICT OFFICE  
BY 21