Submit 3 Copies To Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II** 

811 South First, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION 19151  2040 South Projecto Santa Fe, Nr. 37505	<b>ON</b>
2040 South Project	S
Santa Fe, NJ \$7505	

 $\circ$ 

WELL API NO.

30-045-30709

Indicate Type of Lease STATE

State Oil & Gas Lease No. 120782

SUNDRY NOTICES AND REPORTS ON WELLS 10 1 1 Lease Name or U	nit Agreement
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Name:	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  ROSA UN	uт
PROPOSALS ROSA OF	41.1
1. Type of Well:	
Oil Well ☐ Gas Well ■ Other	
2. Name of Operator 8. Well No.	•
WILLIAMS PRODUCTION COMPANY 29B	
3. Address of Operator 9. Pool name or W	'ildcat
P O BOX 3102, MS 37-2, TULSA, OK 74101 BLANCO MV/E	BASIN DK

4. Well Location (Surface)

Unit letter B: 1300 feet from the NORTH line & 1960 feet from the EAST line Sec 32-32N-06W SAN JUAN, NM

10. Elevation (Show whether DF, RKB, RT, GR, etc. 6560' 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** 

OTHER:

CASING TEST AND CEMENT JOB

OTHER:

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 @ 0530 hrs 10/31/01

I hereby certify that the information above is true and complete to the	ne hest of my knowledge and helief		
i hereby certify that the information above is true and complete to the	ile best of my knowledge and benefit.		
SIGNATURE MACY ROSS	TITLE: PRODUCTION ANYALST	DATE: October 31, 2001	
Type or print name TRACY ROSS	Tel	lephone No: <u>(918) 573-6254</u>	
(This space for State use)  APPROVED BY	BETWEEN ALL A GAS HISPACTON BUTTON		
STREWAL SIGNED BY CHAPTER		NQV -2 2001	
APPROVED BY	TITLE	DAYE - 2 2001	
Conditions of approval, if any:			