

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number:	96850	4. Contact Name	
2. Name of Operator:	Williams Production RMT Co.	Angela Neifert	
3. Address: 1515 Arapahoe St., Tower 3, Suite 1000	Phone: (303) 606-4398		
City: Denver State: CO Zip: 80202	Fax: (303) 629-8272		
5. API Number 05-045-18070-00	OGCC Facility ID Number		
6. Well/Facility Name: Jolley	Well/Facility Number KP 314-9		
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NW/4 NW/4 SEC 16-T8S-91W			
9. County: Garfield	10. Field Name: Kokopelli		
11. Federal, Indian or State Lease Number:			

General Notice

<input type="checkbox"/> CHANGE OF LOCATION:	Attach New Survey Plat	(a change of surface qtr/qtr is substantive and requires a new permit)
Change of Surface Footage from Exterior Section Lines:		FNL/FSL
Change of Surface Footage to Exterior Section Lines:		
Change of Bottomhole Footage from Exterior Section Lines:		
Change of Bottomhole Footage to Exterior Section Lines:		
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer		attach directional survey
Latitude	Distance to nearest property line	
Longitude	Distance to nearest lease line	
Ground Elevation	Distance to nearest well same formation	

GPS DATA:

Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

<input type="checkbox"/> CHANGE SPACING UNIT	<input type="checkbox"/> Remove from surface bond
Formation _____ Spacing order number _____ Unit acreage _____ Unit configuration _____	Signed surface use agreement attached _____

<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME	NUMBER
Effective Date: _____ From: _____ To: _____		
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	Effective Date: _____	

<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned: _____
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Ready for inspection: _____	MIT required if shut in longer than two years. Date of last MIT _____

<input type="checkbox"/> SPUD DATE:	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)
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<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	*submit cbl and cement job summaries
Method used _____ Cementing tool setting/vert depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____	

<input type="checkbox"/> RECLAMATION:	Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately _____	<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date: 02/15/2010	Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Request to complete _____	for Spills and Releases

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed:

Date: 02/09/10

Email: Angela.Neifert@Williams.com

Print Name:

Title: Permit Technician

OGCC Approved:

Angela Neifert

Title EIT III

Date: FEB 17 2010

CONDITIONS OF APPROVAL, IF ANY:



02053463

UNCLAS

RECEIVED

FEB 09 2010

COGCC/Rifle Office

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

FEB 09 2010

OGCC/Rifle Office

1. OGCC Operator Number: 96850 API Number: 05-045-18070-00
2. Name of Operator: Williams Production RMT Co OGCC Facility ID #
3. Well/Facility Name: Jolley Well/Facility Number: KP 314-9
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW/4 NW/4 SEC 16-T6S-91W

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5.

DESCRIBE PROPOSED OR COMPLETED OPERATIONS

THE REFERENCED WELL WAS SUCCESSFULLY CEMENTED ON 2/1/2010

Williams Production RMT Co Request approval from the COGCC to commence Completion Operations.

ATTACHMENTS:

CBL
WELLBORE SCHEMATIC
TEMPERATURE PLOT
BRADENHEAD PRESSURE SUMMARY

Bradenhead Pressure Summary

WELL: Jolley KP 314-9

LOCATION: NW/4 NW/4 SEC. 16 T6S-R91W 6TH PM

API#: 05-045-18070-00

TEMP. LOG RUN DATE: 01/31/2010

TOP OF CEMENT: 3690'

TOP OF GAS: 4962'

BRADENHEAD PRESSURES (psig)

HOURS	PSI	BBLS TO FILL
6 hrs:	0	0
12 hrs:	0	0
24 hrs:	0	0
48 hrs:	0	0
72 hrs:	0	0

TOC 3560'
KK

RECEIVED

FEB 09 2010

COGCC/Rifle Office

Williams Production RMT Co.
Jolley KP 314-9
Kokopelli Field
SHL 643' FNL 684' FWL (NW/4 NW/4) BHL 814' FSL 660' FWL (SW/4 SW/4 Sec. 9 T6S-R91W)
Section 16-T6S-R91W 6th PM
Garfield County, Colorado

RECEIVED
FEB 09 2010
COGCC/RULE/Office

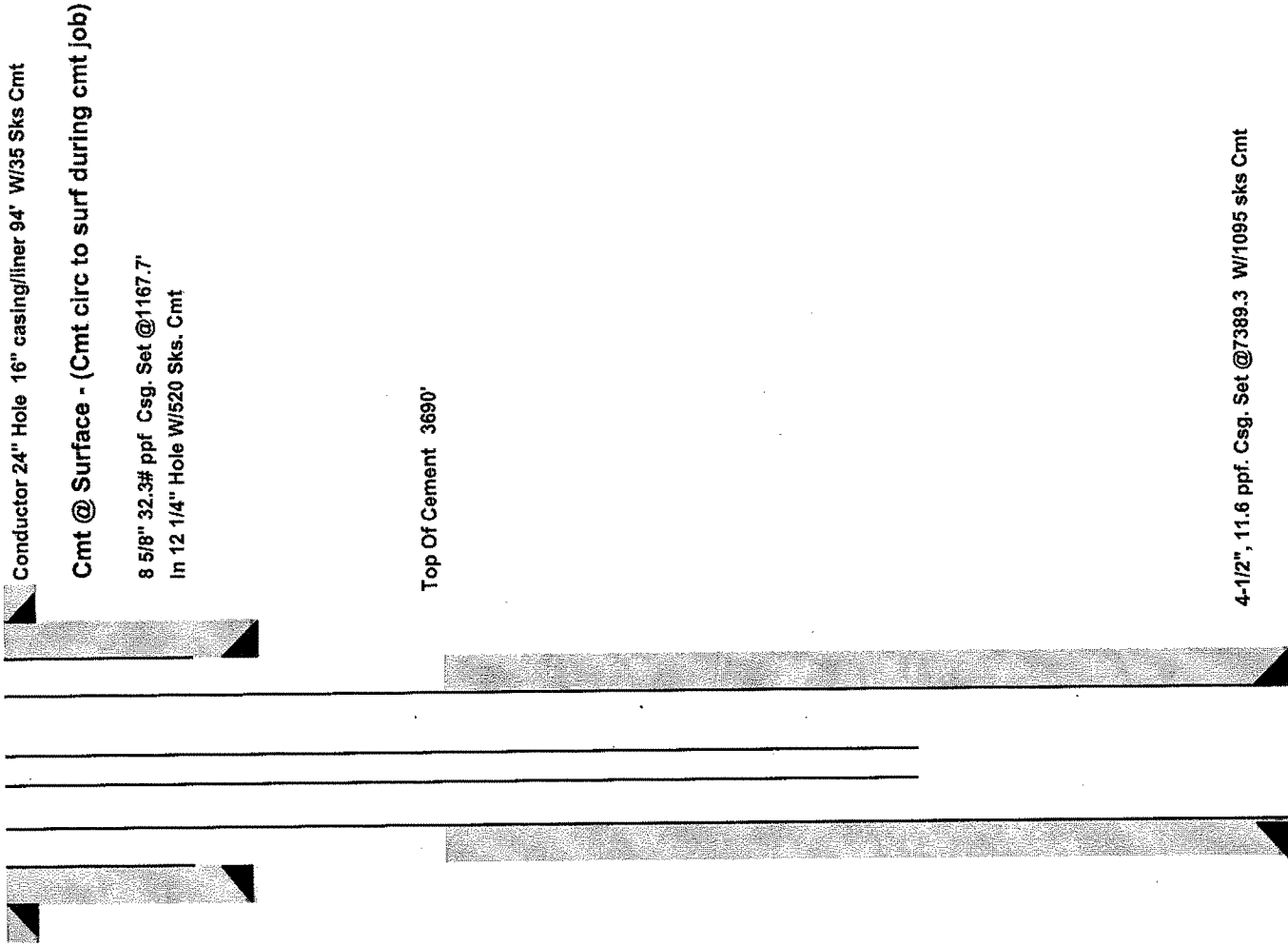
Formation Tops
(Measured Depths)

Mesaverde @ 3453'

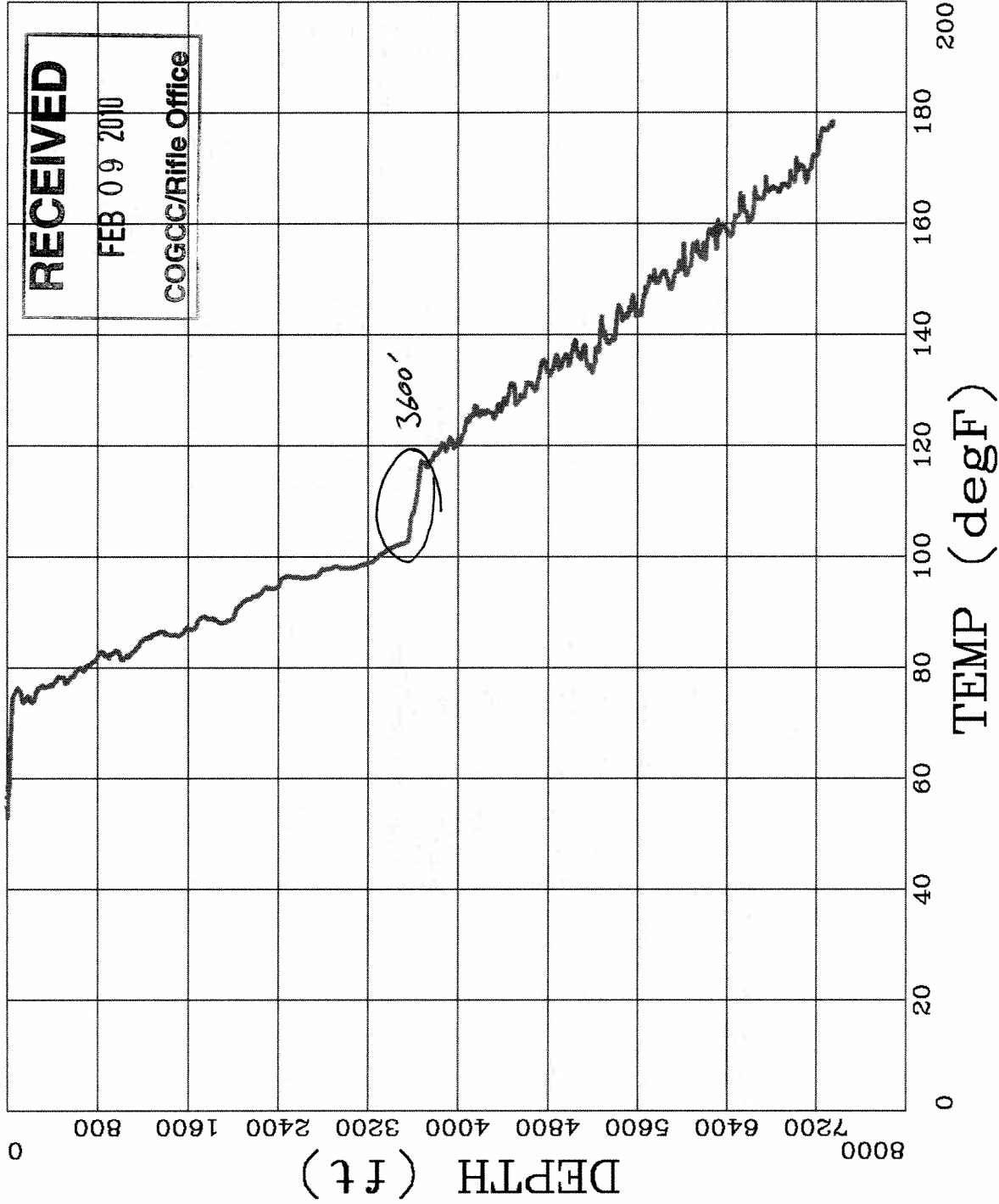
Cameo @ 6934'

Rollins @ 7213'

PBTD @
TMD @ 7410'
TVD @ 7185'



KP 314-9



ZONE A

FILE NAME : /dat1a/1608/tempxa01_MAIN.xtf

INTERVAL : 1.25 - 7347.50 feet

X AXIS: 0, 200 TEMP (degF)

Y AXIS: 8000, 0 DEPTH (ft)



Baker Atlas

COMPANY

WILLIAMS PRODUCTION RMT COMPANY

WELL

KP 314-9

FIELD

KOKOPELLI

COUNTY

GARFIELD

STATE COLORADO

FILE NO:

1608

API NO:

05045180700000

LOCATION:

SHL: 643' FNL & 684' FWL

BHL: 814' FSL & 660' FWL

ELEVATIONS:

KB 6657 FT

DF

GL 6634 FT

SEC

9

TWP

6S

RGE

91W

DATE

31-Jan-2010

S:9 T:6S R:91W

PAD: KP 11-16

RIG: CYCLONE 30