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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:	98850	4. Contact Name	Greg Davis
2. Name of Operator:	Williams Production FMT Co.	Phone:	(303) 608-4071
3. Address: 1515 Arapahoe St., Tower 3, Suite 1000		Fax:	(303) 629-8272
City:	Denver	State:	CO
		Zip	80202
5. API Number 05-045-18450-00		OGCC Facility ID Number	
6. Well/Facility Name:	Hilton	7. Well/Facility Number	KP 513-25
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	NWSW 25-T6S-91W		
9. County:	Garfield	10. Field Name:	Kokopeli
11. Federal, Indian or State Lease Number:			

Complete the Attachment
Checklist

OP OGCC

Survey Plat	
Directional Survey	
Surface Eqpm't Diagram	
Technical Info Page	
Other	

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FEB 24 2010

COGCC/Rifle Office

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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FEL/FWL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____
Latitude _____	Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/>
Longitude _____	Distance to nearest well same formation _____ Surface owner consultation date: _____
Ground Elevation _____	attach directional survey
GPS DATA:	
Date of Measurement _____	PDOP Reading _____ Instrument Operator's Name _____
<input type="checkbox"/> CHANGE SPACING UNIT	<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached
Formation _____	Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME
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)
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	*submit cbl and cement job summaries
Method used _____	Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____
<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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date: _____	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: <u>Repair Sfc Csg & Shut Off Wtr Flow</u> 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: 2/24/10Email: Greg.J.Davis@Williams.com

Print Name: _____

Greg Davis

Title: _____

Supervisor Permits

COGCC Approved: _____

CONDITIONS OF APPROVAL, IF ANY: _____

Title

EIT III

Date: FEB 24 2010

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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COGCC/Rifle Office

1. OGCC Operator Number: 96850 API Number: 05-045-18450-00
2. Name of Operator: Williams Production RMT Co OGCC Facility ID #
3. Well/Facility Name: Hilton Well/Facility Number: KP 513-25
4. Location (Qtr, Sec, Twp, Rng, Meridian): NWSW Sec 25 T6S-R91W

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

Wellname: Hilton KP 513-25

Prepared By: Jeremy Conger

Date: 2/23/10

Cell phone: (303) 888-4515

Field: Kokopelli

Office phone: (303) 606-4285

Purpose: Repair Leaking Surface Casing and Shut-off Water Flow.

Well Information:

API Number: 05-045-18450
Production Casing: 4-1/2" 11.6# E-80
Shoe Depth: 8,157 ft
Float Collar Depth: 8,108 ft
Surface Casing Depth: 1,037 ft
Surface Casing: 9 5/8" 32.3# H-40

Correlate Log: Baker OH Log Dated 12/29/2009
Max pressure: 1,000 psi

Well History:

- Bradenhead has had a consistent flow of water since the well was cemented.
- Analysis shows the water to be low TDS.
- A noise/temp log shows the flow appears to be coming in at ~ 425 ft.

Proposed Procedure:

- 1 MIRU Wireline Unit. RIH w/ 4.5" RBP and set at +/- 5980 ft.
RIH w/ 2nd 4.5" RBP and set at +/- 890 ft. Dump bail 20 ft sand on top of RBP.
- 2 MIRU Service Unit. Release 4.5" casing from slips.
Backoff casing at collar located at 819 ft (based on Baker CBL dated Nov 1, 2009.
Lay down production casing
- 3 Set 9 5/8" HES BV RBP as deep as possible in 9 5/8" surface casing.
Dump bail or circulate 20 ft of sand on top of RBP.
SI well to prep for logging. Monitor pressure. Do not let casing pressure exceed 1,000 psi
- 4 MIRU Wireline Unit. Run CBL, CCL and 40 Arm Caliper in 9 5/8" Casing.
- If Caliper log indicates additional potential problem areas, Contact Denver.
- Have 9 5/8" Packer and BP on standby in case the need arises to locate leaks.
- 5 Perform injection test to establish pump rate for squeeze. Max pressure is 500 psi.
- 6 RIH w/ open ended tubing to +/- 400 ft. Pump 500 - 1000 sks cement (TBD).
- 7 WOC +/- 48 hrs. Drillout cement and cleanout to top of sand fill on RBP.
- 8 Run CBL across squeeze interval.
- 9 Pressure test squeeze to 500 psi.
- If squeeze does not test, call Denver to discuss re-squeezing procedure.
- 10 RIH w/ tubing and retrieve 9 5/8" RBP
- Equalize pressure below plug (if any) before releasing slips.
- 11 RIH w/ 4.5" Casing and screw back into collar at 819 ft. Reset casing in slips.
- 12 Pressure test 4.5" casing to 7,000 psi.
- 13 Retrieve 4.5" RBP's at 890 ft and 5980 ft.
- 14 SI well and WOC. Monitor Bradenhead Pressure for 30 days.