

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.)



02053967

RECEIVED

APR 09 2010

COGCC/Rifle Office

1. OGCC Operator Number:	98850	4. Contact Name	
2. Name of Operator:	Williams Production RMT Company	Greg Davis	
3. Address:	1515 Arapahoe St., Tower 3, #1000	Phone:	303-606-4071
City:	Denver	State:	CO
		Zip:	80202
		Fax:	303-629-8285
5. API Number	05-045-15979-00	OGCC Facility ID Number	
6. Well/Facility Name:	Federal	Well/Facility Number	SG 542-26
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	NENE Section 28-T7S-R66W 6th PM		
9. County:	Garfield	10. Field Name:	Grand Valley
11. Federal, Indian or State Lease Number:		COC59137	

Complete the Attachment
Checklist

OP OGCC

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		
Latitude		Distance to nearest property line
Longitude		Distance to nearest lease line
Ground Elevation		Distance to nearest well same formation
		Surface owner consultation date:

GPS DATA:			
Date of Measurement		PDOP Reading	Instrument Operator's Name

<input type="checkbox"/> CHANGE SPACING UNIT			
Formation	Formation Code	Spacing order number	Unit Acreage
			Unit configuration

☐ Remove from surface bond
Signed surface use agreement attached

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

<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Was location ever built?	Date well shut in or temporarily abandoned:
Is site ready for inspection?	Has Production Equipment been removed from site?
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/perf 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 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"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Remedial Cmt Sqz
	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:	<i>Greg Davis</i>	Date:	4/8/10	Email:	Greg.J.Davis@Williams.com
Print Name:	Greg Davis	Title:	Supervisor Permits		

COGCC Approved:	<i>Greg Davis</i>	Title	EIT I	Date:	4/09/2010
CONDITIONS OF APPROVAL, IF ANY:					

02053967



TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number:	96850	API Number:	05- 045-15979-00
2. Name of Operator:	Williams Production RMT Company OGCC Facility ID #		
3. Well/Facility Name:	Federal	Well/Facility Number:	SG 542-26
4. Location (Qtr,Qtr, Sec, Twp, Rng, Meridian):	NENE Section 26-T7S-R96W 6th PM OGCC/Rifle Office		

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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

Williams requests to perform remedial cement work on the subject well in order to correct bradenhead pressure issues per the following procedure: (2nd squeeze)

New Squeeze Procedure	
MIRU Wireline	Review CBL and initial completion procedure.
Set bridge plug at 4960'.	Shoot 2 squeeze holes at 4910'.
Establish circulation with freshwater, leaving the bradenhead valve open.	RIH with composite cement retainer and set at 4860'.
RIH with tubing and stab into cement retainer.	Pump 50 bbl of energized mud
Pump 50 bbl of mud (not energized)	Pump 5 bbls fresh water at 4 bpm
Pump 20 bbls MudFlush at 4 bpm	Pump 5 bbls fresh water at 4 bpm
Pump 279 sxs of 14.3 ppg cement foamed to 10.5 ppg foam cement	Pump 50 sxs of 14.3 ppg cement
Stab out of retainer leaving pressure on squeeze. (do not hesitate squeeze)	Reverse circulate out any remaining cement in the tubing.
POOH with tubing.	Drill out cement and retainer.
Run specially log over squeeze.	Pressure test squeeze holes to 1500 psi using rig pump.
Upon successful test continue with completions as planned.	

Initial TOC	TOC 2	5.360	5.008
Top of MV	Top of Gas	2792	4046
Fit Collar		5668	