

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: 28600	4. Contact Name Lynn Neely
2. Name of Operator: Exxon Mobil Corporation	Phone: 281-654-1949
3. Address: P. O. Box 4358, COPR-MI-205	Fax: 262-313-9747
City: Houston State: Tx Zip 77210-4358	
5. API Number 05-103-11631-00	OGCC Facility ID Number
6. Well/Facility Name: Freedom Unit	7. Well/Facility Number 197-28A8
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	NWSW, Sec. 28, T1S, R97W, 6th P.M.
9. County: Rio Blanco	10. Field Name: Piceance Creek
11. Federal, Indian or State Lease Number:	Fee Property

Survey Plat
Directional Survey
Surface Egprnt Diagram
Technical Info Page
Other

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	FEL/FWL
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	Distance to nearest bldg, public rd, utility or RR
Longitude	Distance to nearest lease line	Is location in a High Density Area (rule 603b)? Yes/No
Ground Elevation	Distance to nearest well same formation	Surface owner consultation date:

GPS DATA:

Date of Measurement PDOP Reading Instrument Operator's Name

☐ CHANGE SPACING UNIT

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration	<input type="checkbox"/> Remove from surface bond
					Signed surface use agreement attached

☐ CHANGE OF OPERATOR (prior to drilling):

Effective Date:	<input type="checkbox"/> CHANGE WELL NAME	NUMBER
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	From: To: Effective Date:	

☐ ABANDONED LOCATION:

Was location ever built?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is site ready for Inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Ready for Inspection:	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No
	MIT required if shut in longer than two years. Date of last MIT

☐ SPUD DATE:☐ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)☐ SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date

*submit cbl and cement job summaries

☐ RECLAMATION:Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately ☐ 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: Change Proposed Total Measured Depth	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>Lynn Neely</i>	Date: 02/03/2010	Email: lynn.neely@exxonmobil.com
Print Name: Lynn Neely	Title: Regulatory Specialist	

COGCC Approved: <i>Lynn Neely</i>	Title: ETL	Date: 2/4/10
CONDITIONS OF APPROVAL, IF ANY:		

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number:	28600	API Number:	05-103-11631-00
2. Name of Operator:	Exxon Mobil Corporation OGCC Facility ID # 0		
3. Well/Facility Name:	Freedom Unit	Well/Facility Number:	197-28A8
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWSW, Sec. 28, T1S, R97W, 6th P.M.		

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

Exxon Mobil requests that Item #9 - Proposed Total Measured Depth be revised to read 13,500'.