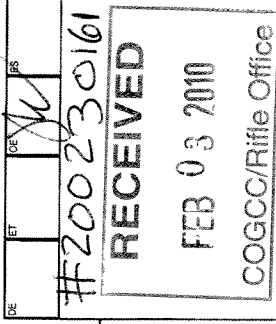


State of Colorado

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:	282-313-9747
City:	Houston	State:	Tx.
		Zip	77210-4358
5. API Number	05-103-11636-00	OGCC Facility ID Number	
6. Well/Facility Name:	Freedom Unit	7. Well/Facility Number	197-28A9
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	NWSW, Sec. 28, T1S, R97W, 6th P.M.		
9. County:	Rio Blanco		
11. Federal, Indian or State Lease Number:	Fee Property		
10. Field Name:	Piceance Creek		
Survey Plat		Directional Survey	
Surface Eqpmt Diagram		Technical Info Page	
Other			

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)	
		FNL/FSL	FEL/FWL
Change of Surface Footage from Exterior Section Lines:			
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	Distance to nearest bldg, public rd, utility or RR
Longitude		Distance to nearest lease line	Is location in a High Density Area (rule 603b)?
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**☐ **Remove from surface bond**
Signed surface use agreement attached

Formation _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____

☐ **CHANGE OF OPERATOR (prior to drilling):**

Effective Date: _____

Plugging Bond: ☐ Blanket ☐ Individual☐ **CHANGE WELL NAME**

From: _____

To: _____

Effective Date: _____

NUMBER

☐ **ABANDONED LOCATION:**Was location ever built? ☐ Yes ☐ NoIs site ready for inspection? ☐ Yes ☐ No

Date Ready for Inspection: _____

☐ **NOTICE OF CONTINUED SHUT IN STATUS**

Date well shut in or temporarily abandoned: _____

Has Production Equipment been removed from site? ☐ Yes ☐ 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**

*submit cbl and cement job summaries

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

☐ **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

☐ Notice of Intent☐ 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.)

☐ Intent to Recomplete (submit form 2)☐ Request to Vent or Flare☐ Change Drilling Plans☐ Repair Well☐ Gross Interval Changed?☐ Rule 502 variance requested☐ Casing/Cementing Program Change☒ Other: _____

Change Proposed Total Measured Depth _____

☐ E&P Waste Disposal☐ Beneficial Reuse of E&P Waste☐ Status Update/Change of Remediation Plans

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: 02/03/2010

Email: lynn.neely@exxonmobil.com

Print Name: Lynn Neely

Title: Regulatory Specialist

COGCC Approved: _____

Title

EIT II

Date: 2/4/10

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number:

28600

API Number:

05-103-11636-00
2. Name of Operator:

Exxon Mobil Corporation

OGCC Facility ID #

0
3. Well/Facility Name:

Freedom Unit

Well/Facility Number:

197-28A9
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'.