

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.)

DE \_\_\_\_\_ ET \_\_\_\_\_ GS \_\_\_\_\_ ES \_\_\_\_\_

**RECEIVED**  
**MAY 27 2010**  
COGCC/Rifle Office

Complete the Attachment Checklist

OP OGCC

|  |                                    |                       |
|--|------------------------------------|-----------------------|
| 1. OGCC Operator Number: 96850   | 4. Contact Name: Greg Davis        |                       |
| 2. Name of Operator: Williams Production RMT Co.                         | Phone: (303) 606-4071              |                       |
| 3. Address: 1515 Arapahoe St., Tower 3, Suite 1000                       | Fax: (303) 629-8272                |                       |
| City: Denver State: CO Zip: 80202  |                                    |                       |
| 5. API Number 05-045-18032-00  | OGCC Facility ID Number            | Survey Plat           |
| 6. Well/Facility Name: Savage  | 7. Well/Facility Number: RMV 69-35 | Directional Survey    |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SWSW Section 35-T6S-R94W |                                    | Surface Eqmpt Diagram |
| 9. County: Garfield  | 10. Field Name: Rulison            | Technical Info Page X |
| 11. Federal, Indian or State Lease Number:                               |                                    | Other                 |

General Notice

☐ **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:    | <input type="checkbox"/> | <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"/> |
| Change of Bottomhole Footage from Exterior Section Lines: | <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"/> |

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 |
|-----------|----------------|----------------------|--------------|--------------------|
|           |                |                      |              |                    |

☐ **Remove from surface bond**  
Signed surface use agreement attached

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

|  |   |
|--|---|
| <input type="checkbox"/> <b>ABANDONED LOCATION:</b><br>Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Date Ready for Inspection: _____ | <input type="checkbox"/> <b>NOTICE OF CONTINUED SHUT IN STATUS</b><br>Date well shut in or temporarily abandoned: _____<br>Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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

|   |   |
|---|---|
| <input type="checkbox"/> <b>Notice of Intent</b><br>Approximate Start Date: _____ | <input type="checkbox"/> <b>Report of Work Done</b><br>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 checked="" type="checkbox"/> Casing/Cementing Program Change | <input type="checkbox"/> Other: _____                | for Spills and Releases  |

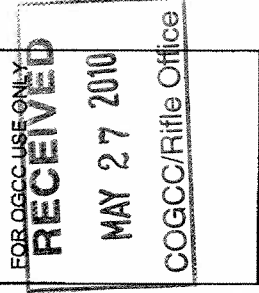
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Greg Davis Date: 5/27/10 Email: Greg.J.Davis@Williams.com  
Print Name: Greg Davis Title: Supervisor Permits

COGCC Approved: [Signature] Title: EFT II Date: 6/2/2010  
CONDITIONS OF APPROVAL, IF ANY:

FAX → OPR 6/2/2010

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 96850 API Number: 05-045-18032-00
2. Name of Operator: Williams Production RMT Co OGCC Facility ID #
3. Well/Facility Name: Savage Well/Facility Number: RMV 69-35
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW Sec 35 T6S-R94W

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 permission to increase the permitted 32.3# 9 5/8" sfc csg depth from 1110' (MD) to: 1950' (MD) with 661 sx cmt. This increase is necessary to reduce hole sloughing and aid in anticipated lost circulation.

*cc cc*