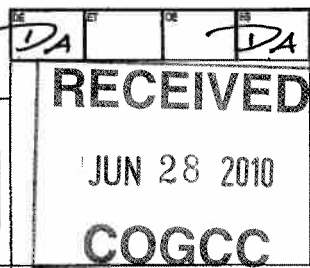


State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



02054417



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: 96850	4. Contact Name: Howard Harris	Complete the Attachment Checklist OP, OGCC
2. Name of Operator: Williams Production RMT Company	Phone: 303-606-4086	
3. Address: 1515 Arapahoe St., Tower 3, #1000 City: Denver State: CO Zip: 80202	Fax: 303-629-8272	
5. API Number 05-045-18308-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Mahaffey	7. Well/Facility Number: PA 444-25	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SESW Section 25-T6S-R95W 6th PM		Surface Eqpm't Diagram
9. County: Garfield	10. Field Name: Parachute	Technical Info Page X
11. Federal, Indian or State Lease Number:		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:	<table><tr><td>FNL/FSL</td><td>FEL/FWL</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	FNL/FSL	FEL/FWL	<input type="checkbox"/>	<input type="checkbox"/>
FNL/FSL	FEL/FWL				
<input type="checkbox"/>	<input type="checkbox"/>				
Change of Surface Footage to Exterior Section Lines:	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Change of Bottomhole Footage from Exterior Section Lines:	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Change of Bottomhole Footage to Exterior Section Lines:	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> attach directional survey	<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				
Longitude	Distance to nearest bldg, public rd, utility or RR				
Ground Elevation	Distance to nearest lease line				
	Is location in a High Density Area (rule 603b)? Yes/No				
	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	<input type="checkbox"/> Remove from surface bond				
Formation Formation Code Spacing order number Unit Acreage Unit configuration	Signed surface use agreement attached				
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME				
Effective Date:	From:				
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To:				
	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 Date					
<input type="checkbox"/> 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

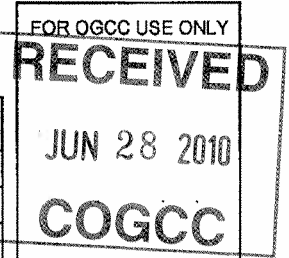
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done	
Approximate Start Date: 8/1/10	Date Work Completed:	
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)		
<input type="checkbox"/> Intent to Recomplete (submit 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: Howard Harris Date: 6/28/10 Email: Howard.Harris@williams.com
Print Name: Howard Harris Title: Sr. Regulatory SpecialistCOGCC Approved: David And Title: PE II Date: 7/7/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 96850 API Number: 05-045-18308-00
2. Name of Operator: Williams Production RMT Company OGCC Facility ID #
3. Well/Facility Name: Mahaffey Well/Facility Number: PA 444-25
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW Section 25-T6S-R95W 6th PM

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.

DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Williams requests approval to change the 9 5/8" surface casing set depth from 1159' to 1000' TMD. Everything else will remain the same.