

State of Colorado
Oil and Gas Conservation Commission

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



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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:	28700	4. Contact Name	Lynn Neely
2. Name of Operator:	ExxonMobil Oil Corporation	Phone:	281-654-1949
3. Address:	P. O. Box 4358, COPR-MI-205	Fax:	281-654-1940
City:	Houston	State:	Tx.
		Zip	77210-4358
5. API Number	05-103-11187-00	OGCC Facility ID Number	
6. Well/Facility Name:	Piceance Creek Unit	7. Well/Facility Number	197-36A8
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	NESW, Sec. 36, T1S, R97W, 6th P.M.		
9. County:	Rio Blanco	10. Field Name:	Piceance Creek
11. Federal, Indian or State Lease Number:	COD-035710		

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)	
		FNULSL	FELUFWL
Change of Surface Footage from Exterior Section Lines:		<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:		<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:		<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:		<input type="checkbox"/>	<input type="checkbox"/>
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

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

<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 <input type="checkbox"/> Individual	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	<input type="checkbox"/> 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:	Date Work Completed:
	09/01/2010

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 checked="" type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other:
	<input type="checkbox"/> E&P Waste Disposal
	<input type="checkbox"/> Beneficial Reuse of E&P Waste
	<input type="checkbox"/> 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: Lynn Neely Date: 09/01/2010 Email: lynn.r.neely@exxonmobil.com

Print Name: Lynn Neely Title: Regulatory Specialist

OGCC Approved: [Signature] Title: EIT III Date: 9/1/2010

CONDITIONS OF APPROVAL, IF ANY: