

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		
3. Address:	P. O. Box 4358, COPR-MI-205	Phone:	281-654-1949
City:	Houston	State:	Tx.
	Zip 77210-4358	Fax:	281-654-1940
5. API Number	05-103-11180-00	OGCC Facility ID Number	
6. Well/Facility Name:	Piceance Creek Unit	7. Well/Facility Number	197-36A1
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	NESW, Sec. 36, T1S, R97W, 6th P.M.		
9. County:	Rio Blanco		
11. Federal, Indian or State Lease Number:	COD-053141		

Complete the Attachment Checklist

OP OGCC



## General Notice

☐ **CHANGE OF LOCATION: Attach New Survey Plat** (a change of surface qtr/qtr is substantive and requires a new permit)

Change of <b>Surface</b> Footage from Exterior Section Lines:	FN/FSL	FEU/FWL
Change of <b>Surface</b> Footage to Exterior Section Lines:		
Change of <b>Bottomhole</b> Footage from Exterior Section Lines:		
Change of <b>Bottomhole</b> Footage to Exterior Section Lines:		
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		Is location in a High Density Area (rule 603b)?
		Surface owner consultation date: Yes/No

attach directional survey

## GPS DATA:

Date of Measurement PDOP Reading Instrument Operator's Name

☐ **CHANGE SPACING UNIT**

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration
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☐ **Remove from surface bond**  
Signed surface use agreement attached

☐ **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 ☐ No

Is site ready for Inspection? ☐ Yes ☐ No

Date Ready for Inspection: \_\_\_\_\_

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
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☐ **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**

Approximate Start Date: 09/01/2010

☐ Report of Work Done  
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: Lynn Neely Date: 09/01/2010 Email: lynn.r.neely@exxonmobil.com

Print Name: Lynn Neely Title: Regulatory Specialist

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

CONDITIONS OF APPROVAL, IF ANY: