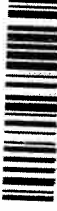


State of Colorado
Oil and Gas Conservation Commission
SUNDRY NOTICE

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



02054520

RECEIVED
SEP 14 2010
COGCC/Rifle Office

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	
2. Name of Operator	Williams Production RMT Co.	Angela Neifert	
3. Address: 1515 Arapahoe St., Tower 3, Suite 1000	Phone: (303) 606-4398		
City: Denver State: CO Zip 80202	Fax: (303) 629-8272		
5. API Number 05-045-19569-01	OGCC Facility ID Number	Survey Plat	
6. Well/Facility Name: CDOW	7. Well/Facility Number KP 414-23	Directional Survey	
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SESW SEC 23-T6S-91W 6th PM		Surface Egpm't Diagram	
9. County: Garfield	10. Field Name: Kokopeli	Technical Info Page	
11. Federal, Indian or State Lease Number:		Other	

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 Surface Footage from Exterior Section Lines:	FNLFSL	FEUFWL
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

Latitude Distance to nearest property line

Longitude Distance to nearest lease line

Ground Elevation Distance to nearest well same formation

Distance to nearest bldg, public rd, utility or RR

Is location in a High Density Area (rule 603b)? Yes/No

Surface owner consultation date:

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: From: To: 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:

☐ **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
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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: 09/16/10

☐ 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 type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Request to complete	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: Angela Neifert Date: 09/14/10 Email: Angela.Neifert@Williams.com

Print Name: Angela Neifert Title: Permit Technician

COGCC Approved: [Signature] Title: EIT-3 Date: 9/16/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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- OGCC Operator Number: 96850 API Number: 05-045-19569-01
- Name of Operator: Williams Production RMT Co OGCC Facility ID #
- Well/Facility Name: CDOW Well/Facility Number: KP 414-23
- Location (Qtr,Qtr, Sec, Twp, Rng, Meridian): SESW SEC 23-T6S-91W 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.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

THE REFERENCED WELL WAS SUCCESSFULLY CEMENTED ON 9/8/2010

Williams Production RMT Co Request approval from the COGCC to commence Completion Operations.

ATTACHMENTS:

CBL
WELLBORE SCHEMATIC
TEMPERATURE PLOT
BRADENHEAD PRESSURE SUMMARY