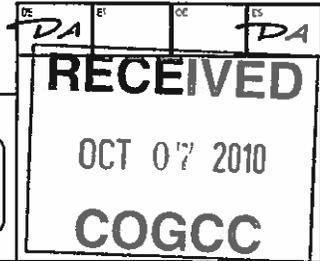




02121001

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.)

1. OGCC Operator Number: <u>96850</u>	4. Contact Name: <u>Howard Harris</u>	Complete the Attachment Checklist  OP OGCC
2. Name of Operator: <u>Williams Production RMT Company</u>	Phone: <u>(303) 606-4086</u>	
3. Address: <u>1515 Arapahoe St., Tower 3, Suite 1000</u> City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	Fax: <u>(303) 629-8268</u>	
5. API Number: <u>05-045-19222-00</u>	OGCC Facility ID Number: _____	Survey Plat
6. Well/Facility Name: <u>Chevron</u>	7. Well/Facility Number: <u>TR 344-27-597</u>	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>SESE Sec 27-T5S-97W</u>		Surface Eqmpt Diagram
9. County: <u>Garfield</u>	10. Field Name: <u>Trail Ridge</u>	Technical Info Page
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

**CHANGE OF OPERATOR (prior to drilling):**  
Effective Date: \_\_\_\_\_  
Plugging Bond:  Blanket  Individual

**CHANGE WELL NAME** NUMBER  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**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

**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: 10/7/2010

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 checked="" 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: 10/7/10 Email: Howard.Harris@Williams.com  
Print Name: Howard Harris Title: Sr. Regulatory Specialist

COGCC Approved: David Amundson Title: PE II Date: 10/7/2010

CONDITIONS OF APPROVAL, IF ANY:

**No DEEPER OBJECTIVE FORMATION WILL BE TESTED OR COMPLETED.**

FORM  
4  
Rev 12/05

Page 2

TECHNICAL INFORMATION PAGE



RECEIVED  
OCT 07 2010  
COGCC

1. OGCC Operator Number: 96850 API Number: 05-045-19222
2. Name of Operator: Williams Production RMT Co. OGCC Facility ID # \_\_\_\_\_
3. Well/Facility Name: Chevron Well/Facility Number: TR 344-27-597
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE Sec 27 T5S-R97W

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 changing the 11.6# 4 1/2" Prod Csg Depth and TD from 9700' to 9800'.  
Cmt will be 200' above uppermost mvrld sand.