



FORM 4 Rev 12/06

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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.)

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Complete the Attachment Checklist

OP OGCC

1. OGCC Operator Number: 96850 4. Contact Name: Howard Harris
2. Name of Operator: Williams Production RMT Company
3. Address: 1515 Arapahoe St., Tower 3, #1000 Phone: 303-606-4086
City: Denver State: CO Zip: 80202 Fax: 303-629-8268
5. API Number: 05-045-18111-00 OGCC Facility ID Number:
6. Well/Facility Name: Federal 7. Well/Facility Number: PA 432-20
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NENE Sec 20 T6S-R95W
9. County: Garfield 10. Field Name: Parachute
11. Federal, Indian or State Lease Number: COC62161

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:
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: 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: 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: 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

X Notice of Intent Approximate Start Date: 11/17/10 Report of Work Done Date Work Completed:
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)
Intent to Recomplete (submit form 2) Request to Vent or Flare E&P Waste Disposal
Change Drilling Plans Repair Well Beneficial Reuse of E&P Waste
Gross Interval Changed? Rule 502 variance requested Status Update/Change of Remediation Plans
Casing/Cementing Program Change 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: 11/10/10 Email: Howard.Harris@williams.com
Print Name: Howard Harris Title: Sr. Regulatory Specialist

COGCC Approved: David Anderson Title: PE II Date: 11/15/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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1. OGCC Operator Number: 96850	API Number: 05-045-18111-00
2. Name of Operator: Williams Production RMT Company	OGCC Facility ID #
3. Well/Facility Name: Federal	Well/Facility Number: PA 432-20
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NENE Sec 20 T6S-R95W

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 1852' to 1000' TMD. Everything else will remain the same.