



02054673

FORM
4
Rev 12/05

Page 1

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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DA DA

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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NOV 10 2010

COGCC

Complete the Attachment
Checklist

OP OGCC

1. OGCC Operator Number:	96850	4. Contact Name	Howard Harris
2. Name of Operator:	Williams Production RMT Company	Phone:	303-606-4086
3. Address:	1515 Arapahoe St., Tower 3, #1000	Fax:	303-629-8268
City:	Denver	State:	CO
Zip:	80202		
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		
Survey Plat			
Directional Survey			
Surface Eqpm Diagram			
Technical Info Page		X	
Other			

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)
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/> FNL/FSL <input type="checkbox"/> FEL/FWL
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"/> attach directional survey
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	Distance to nearest lease line
	Is location in a High Density Area (rule 603b)? Yes/No
	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 Formation Code Spacing order number Unit Acreage Unit configuration	Signed surface use agreement attached
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME
Effective Date:	From:
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To:
	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 cbi 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: 11/17/10	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: Howard Harris Date: 11/10/10 Email: Howard.Harris@williams.comPrint Name: Howard Harris Title: Sr. Regulatory SpecialistCOGCC Approved: David And 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.