



**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.)

**RECEIVED**

FEB 02 2011

COGCC/Rifle Office

Complete the Attachment  
Checklist

OP OGCC

1. OGCC Operator Number: 96850	4. Contact Name: Greg Davis	Survey Plat	
2. Name of Operator: Williams Production RMT Co.	Phone: (303) 606-4071		
3. Address: 1515 Arapahoe St., Tower 3, Suite 1000	Fax: (303) 629-8268	Directional Survey	
City: Denver State: CO Zip: 80202		Surface Eqpmt Diagram	
5. API Number 05-045-19445-00	OGCC Facility ID Number	Technical Info Page	X
6. Well/Facility Name: Puckett	7. Well/Facility Number: GM 34-31	Other	
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE 31-T6D-T96E			
9. County: Garfield	10. Field Name: Grand Valley		
11. Federal, Indian or State Lease Number:			

**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:	FNL/FSL	FEL/FWL
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

<input type="checkbox"/> <b>CHANGE OF OPERATOR (prior to drilling):</b> Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> <b>CHANGE WELL NAME</b> <b>NUMBER</b> From: _____ To: _____ Effective Date: _____
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<input type="checkbox"/> <b>ABANDONED LOCATION:</b> Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for inspection: _____	<input type="checkbox"/> <b>NOTICE OF CONTINUED SHUT IN STATUS</b> Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT: _____
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☐ **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** ☐ **Report of Work Done**

Approximate Start Date: \_\_\_\_\_ 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 checked="" type="checkbox"/> Other: Increase Sfc Csg Depth	for Spills and Releases

I hereby certify that the statements in this form are, to the best of my knowledge, true, correct and complete.

Signed: Greg Davis Date: 2/2/11 Email: Greg.J.Davis@Williams.com

Print Name: Greg Davis Title: Supervisor Permits

COGCC Approved: [Signature] Title: EIT3 Date: 2/2/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number:	96850	API Number:	05-045-19445-00
2. Name of Operator:	Williams Production RMT Co	OGCC Facility ID #	
3. Well/Facility Name:	Puckett	Well/Facility Number:	GM 34-31
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWSE Sec 31 T6S-R96W		

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.

RECEIVED  
FEB 02 2011  
COGCC/Rifle Office

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Williams requests permission to increase the sfc csg setting dept of the subject well from the permitted depth of 745' MD to 2550' MD. The sfc string will be composed of approximately 2450' of H-40 32.3# 9 5/8", and 100' J-55 36# 9 5/8".