

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.)

RECEIVED

SEP 08 2011

COGCC/Rifle Office

| | | |
|---|-----------------------------------|--|
| 1. OGCC Operator Number: 96850 | 4. Contact Name: Greg Davis | Complete the Attachment Checklist OP OGCC |
| 2. Name of Operator: Williams Production RMT Company LLC | Phone: (303) 606-4071 | |
| 3. Address: 1001 17th Street, Suite 1200 | Fax: (303) 629-8268 | |
| City: Denver State: CO Zip: 80202 | | |
| 5. API Number: 05-045-20523-00 | OGCC Facility ID Number: | Survey Plat |
| 6. Well/Facility Name: Clough | 7. Well/Facility Number: NR 523-3 | Directional Survey |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NE/4SW/4 SEC. 3 T6S-R94W 6TH PM | | Surface Eqpm Diagram |
| 9. County: Garfield | 10. Field Name: Rufison | Technical Info Page X |
| 11. Federal, Indian or State Lease Number: | | 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"/> |
| Change of Bottomhole Footage from Exterior Section Lines: | <input type="checkbox"/> |
| Change of Bottomhole Footage to Exterior Section Lines: | <input type="checkbox"/> |
| 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 | Signed surface use agreement attached |
| Formation Code | |
| Spacing order number | |
| Unit Acreage | |
| Unit configuration | |
| <input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): | <input type="checkbox"/> CHANGE WELL NAME |
| Effective Date: | NUMBER |
| Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual | From: |
| | 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 cbl 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 type="checkbox"/> Notice of Intent | <input type="checkbox"/> 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 type="checkbox"/> Casing/Cementing Program Change | <input checked="" type="checkbox"/> Other: Swallowable Packer | 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: Greg Davis Date: 9/8/11 Email: Greg.J.Davis@Williams.com
Print Name: Greg Davis Title: Supervisor PermitsCOGCC Approved: Kevin J. King Title: EIT III Date: SEP 13 2011

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

SEP 08 2011

OGCC/Rifle Office

1. OGCC Operator Number: 96850 API Number: 05-045-20523
2. Name of Operator: Williams Production RMT Company LLC OGCC Facility ID #
3. Well/Facility Name: Clough Well/Facility Number: NR 523-3
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NE/4SW/4 3-T6S-R94W

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 Production RMT Co.
Swellable Packer Procedure

Wellname: NR 523-3
Date: 9/6/11
Field: Rulison

Overview of operations: Swellable packers will be run on production casing from TOG to TD. They will be placed strategically to ensure good zonal isolation. From TOG to MVRD normal cementing will be used to protect fresh water and other zones from completion operations.

Well Information:

API Number: 05-045-20523
Production Casing: 4-1/2" 11.6# P-110
Estimated MD: 9910 ft
Estimated TVD: 9905 ft
Dist. b/w Surf & BH Location: 261 ft
Surface Location: 6S 94W Sect. 3 NESW
Swellable Packers: 8 ft long elements on 13 ft P-110 pup joints

Proposed procedure after TD is reached:

- 1 TD Well
Wiper trip to ensure wellbore conditions
FMI log
OH log
2nd wiper trip
- 2 RIH with production casing and swellable packers spaced to provide completion zone isolation as interpreted from OH log
External casing packer (ECP) set at TOG with a two stage cementing tool 2 joints above the ECP
- 3 Inflate ECP and open cementing tool
Pump cement from TOG to approximately 500 ft above the MVRD
RDMO drilling rig
- 4 Wait on Cement
Run CBL from cement tool to surface
MIRU double workover rig
Drill out DV tool, clean out to TD
RDMO workover rig
- 5 MIRU wireline
Set CIBP at TD, dump bail two sks cement on top
Pressure test casing
Run 2nd CBL to see swellable packers
- 6 After minimum 25 days since prod. csg landed
Plug, perforate, and frac predetermined stages
RDMO frac equipment
- 7 Set kill plug
MIRU workover rig
Drill out plugs
- 8 Put well on sales