



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 OCT 07 2011 COGCC/Rifle Office

1. OGCC Operator Number: 96850  
 2. Name of Operator: Williams Production RMT Company LLC  
 3. Address: 1001 17th Street, Suite 1200  
 City: Denver State: CO Zip 80202  
 4. Contact Name: Greg Davis  
 Phone: (303) 606-4071  
 Fax: (303) 629-8268

Complete the Attachment Checklist OP OGCC

5. API Number 05-045-20524-00 OGCC Facility ID Number  
 6. Well/Facility Name: Clough 7. Well/Facility Number NR 512-3  
 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NESW Section 3-T6S-R94W  
 9. County: Garfield 10. Field Name: Rulison  
 11. Federal, Indian or State Lease Number:

Survey Plat		
Directional Survey		
Surface Eqmpt Diagram		
Technical Info Page	X	
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:		FNU/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:					attach directional survey

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: \_\_\_\_\_  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 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 for Spills and Releases
<input checked="" type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Increase Sfc Csg Depth	

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Email: Greg.J.Davis@Williams.com  
 Print Name: Greg Davis Title: Supervisor Permits

COGCC Approved: Kevin J. King Title: EIT III Date: OCT 13 2011  
 CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

OCT 07 2011

OGCC/Rifle Office

1. OGCC Operator Number: 96850 API Number: 05-045-20524-00

2. Name of Operator: Williams Production RMT Company LLC OGCC Facility ID # \_\_\_\_\_

3. Well/Facility Name: Clough Well/Facility Number: NR 512-3

4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW Section 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 requests permission to increase the sfc csg setting depth of the subject well from the permitted 32.3# 9 5/8" Sfc Csg from 1116' to 2400' with 606 sx cmt. This change is being made to mitigate lost circulation an improve hole stability.

(See attached new directional plot and plan.)