

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



02121321



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 20 2011

Complete the Attachment
Checklist
OGCC/Rifle Office

| | | | |
|---|------------------------------------|-----------------------------------|---------|
| 1. OGCC Operator Number: 96850 | 4. Contact Name: Matt Barber | Complete the Attachment Checklist | OP OGCC |
| 2. Name of Operator: Williams Production RMT Company LLC | Phone: (303) 606-4385 | | |
| 3. Address: 1001 17th Street, Suite 1200 | Fax: (303) 629-8268 | | |
| City: Denver State: CO Zip: 80202 | | | |
| 5. API Number: 05-045-20274-00 | OGCC Facility ID Number: | Survey Plat | |
| 6. Well/Facility Name: Jolley | 7. Well/Facility Number: KP 333-21 | Directional Survey | |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE Sec 21-T6S-91W | | Surface Eqpm Diagram | |
| 9. County: Garfield | 10. Field Name: Kokopelli | Technical Info Page | X |
| 11. Federal, Indian or State Lease Number: n/a | | 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"/> |
| Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer | attach directional survey |
| 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 <input type="checkbox"/> |
| | 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 | NUMBER |
| 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 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 checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Report of Work Done |
| Approximate Start Date: 11/1/2011 | 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: Request to Complete | 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: Matt Barber Date: 10/17/2011 Email: matt_barber@williams.com
Print Name: Matt Barber Title: Sr. Regulatory Specialist

COGCC Approved: [Signature] Title: NWA Engineer Date: 10/25/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 96850 API Number: 05-045-20274-00
2. Name of Operator: Williams Production RMT Company LLC OGCC Facility ID #
3. Well/Facility Name: Jolley Well/Facility Number: KP 333-21
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE Sec 21-T6S-91W

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.

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COGCC/Rifle Office

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

THE REFERENCED WELL WAS SUCCESSFULLY CEMENTED ON 9/21/2011

Williams Production RMT Co Request approval from the COGCC to commence Completion Operations.

ATTACHMENTS:

CBL

WELLBORE SCHEMATIC

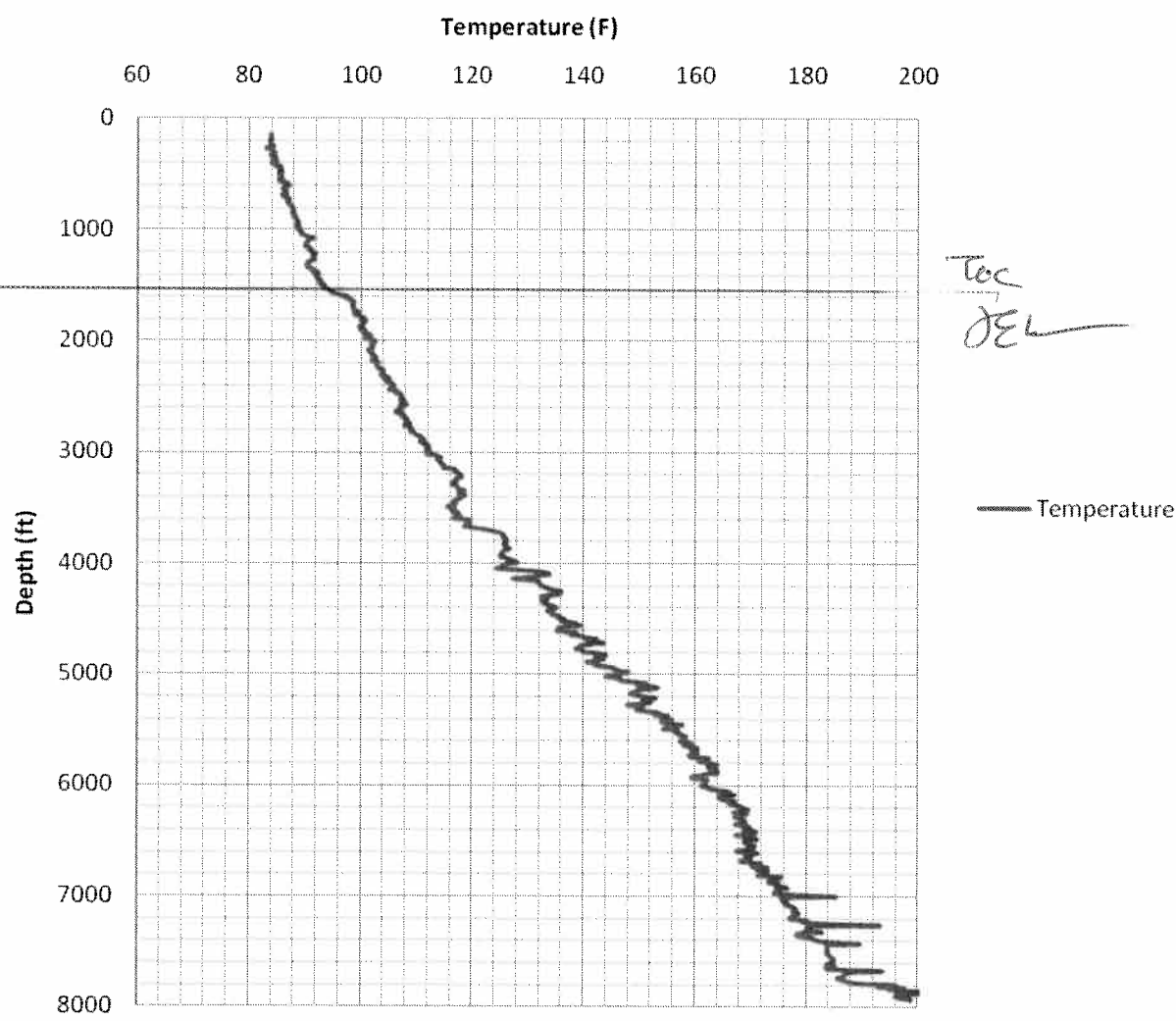
TEMPERATURE PLOT

BRADENHEAD PRESSURE SUMMARY

TOC = ~ 1560' *PK*

all = 0

KP 333-21





Bradenhead Pressure Summary

WELL: Jolley KP 333-21

LOCATION: NW/4 SE/4 SEC. 21 T6S-R91W 6TH PM

API#: 05-045-20274-00

TEMP. LOG RUN DATE: 09/21/2011

TOP OF CEMENT: 1562' (CBL)

TOP OF GAS: 5902'

BRADENHEAD PRESSURES (psig)

| MONITOR PRESSURE ON KP 333-21 | | | |
|-------------------------------|--------|-------|----------------|
| DATE | HRS | PSI | BBLS TO FILL |
| 09/21/2011 13:30 | 6 HRS | 0 PSI | 0 BBLS TO FILL |
| 09/21/2011 19:30 | 12 HRS | 0 PSI | 0 BBLS TO FILL |
| 09/22/2011 07:30 | 24 HRS | 0 PSI | 0 BBLS TO FILL |
| 09/23/2011 07:30 | 48 HRS | 0 PSI | 2 BBLS TO FILL |
| 09/24/2011 07:30 | 72 HRS | 0 PSI | 0 BBLS TO FILL |

- 10/17/2011 Updates:
- TOC from CBL is 1562 ft.
 - Initial Bradenhead measurements were all 0 psi
 - Current Bradenhead pressure is 0 psi

Williams Production RMT Co.
Jolley KP 333-21
Kokopelli Field
SHL 1507' FSL 2118' FEL (NW/4 SE/4) BHL 2137' FSL 1984' FEL (NW/4 SE/4)
Section 21-T6S-R91W 6th PM
Garfield County, Colorado

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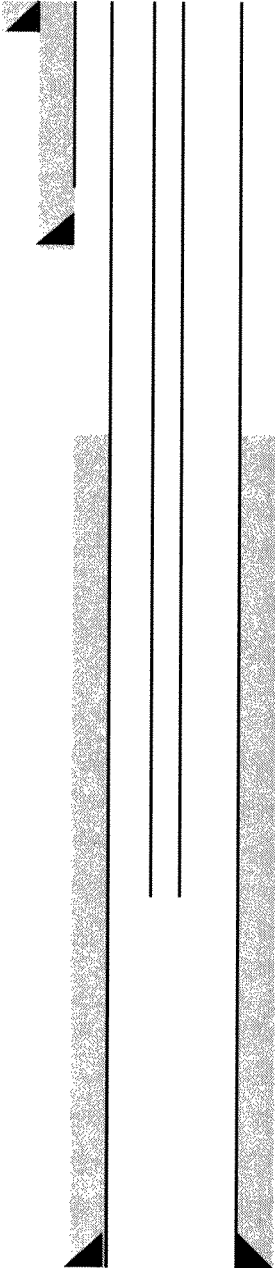
Formation Tops
(Measured Depths)

Mesaverde @ 4293'

Cameo @ 7645'

Rollins @ 7902'

PBTD @
TMD @ 8015'
TVD @ 7971'



Conductor 24" Hole 16" casing/liner 62' w/24 sks cmt

Cmt @ Surface - (Cmt circ to surf during cmt job)

9 5/8" 32.3# ppf Csg. Set @ 1062'
In 12 1/4" Hole W/305 Sks. Cmt

Top Of Cement 1562' (CBL)

4-1/2", 11.6 ppf. Csg. Set @7990' W/1564 sks Cmt