

State of Colorado
Oil and Gas Conservation Commission

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



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.)

1. OGCC Operator Number: 96850	4. Contact Name Karolina Blaney	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Williams Production RMT	Phone: 970 683 2295	
3. Address: 1058 County Road 215 City: Parachute State: CO Zip: 81635	Fax: 970 285 9573	
5. API Number 05-	OGCC Facility ID Number 279362	
6. Well/Facility Name:	7. Well/Facility Number TR 24-16-597	Survey Plat
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SE SW S16 T5S R97W 6 pm		Directional Survey
9. County: Garfield	10. Field Name: Trail Ridge	Surface Eqpm Diagram
11. Federal, Indian or State Lease Number:		Technical Info Page
		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 <input type="checkbox"/> Latitude <input type="checkbox"/> Distance to nearest property line <input type="checkbox"/> Distance to nearest bldg, public rd, utility or RR <input type="checkbox"/> Longitude <input type="checkbox"/> Distance to nearest lease line <input type="checkbox"/> Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/> Ground Elevation <input type="checkbox"/> Distance to nearest well same formation <input type="checkbox"/> Surface owner consultation date: <input type="checkbox"/>	
GPS DATA: Date of Measurement <input type="checkbox"/> PDOP Reading <input type="checkbox"/> Instrument Operator's Name <input type="checkbox"/>	
<input type="checkbox"/> CHANGE SPACING UNIT Formation <input type="checkbox"/> Formation Code <input type="checkbox"/> Spacing order number <input type="checkbox"/> Unit Acreage <input type="checkbox"/> Unit configuration <input type="checkbox"/>	<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached <input type="checkbox"/>
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: <input type="checkbox"/> Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME NUMBER From: <input type="checkbox"/> To: <input type="checkbox"/> Effective Date: <input type="checkbox"/>
<input type="checkbox"/> ABANDONED LOCATION: 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"/>	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: <input type="checkbox"/> 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 <input type="checkbox"/>
<input type="checkbox"/> SPUD DATE: <input type="checkbox"/>	<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 Method used <input type="checkbox"/> Cementing tool setting/perf depth <input type="checkbox"/> Cement volume <input type="checkbox"/> Cement top <input type="checkbox"/> Cement bottom <input type="checkbox"/> Date <input type="checkbox"/> *submit cbl and cement job summaries	
<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 Approximate Start Date: <input type="checkbox"/>	<input type="checkbox"/> Report of Work Done Date Work Completed: <input type="checkbox"/>
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"/> Change Drilling Plans <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Rule 502 variance requested <input checked="" type="checkbox"/> Other: Form 15 COAs
<input type="checkbox"/> E&P Waste Disposal <input type="checkbox"/> Beneficial Reuse of E&P Waste <input type="checkbox"/> Status Update/Change of Remediation Plans 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: Karolina Blaney Date: 12/9/2011 Email: Karolina.Blaney@Williams.com
 Print Name: Karolina Blaney Title: Environmental Specialist

COGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

Submit documentation of failed hydrotest to COGCC.

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: _____ API Number: _____

2. Name of Operator: _____ OGCC Facility ID # _____

3. Well/Facility Name: _____ Well/Facility Number: _____

4. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____

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