



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: <u>96850</u>	4. Contact Name Karolina Blaney	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>Williams Production RMT</u>	Phone: <u>970 683 2295</u>	
3. Address: <u>1058 County Road 215</u> City: <u>Parachute</u> State: <u>CO</u> Zip: <u>81635</u>	Fax: <u>970 285 9573</u>	
5. API Number <u>05-</u>	OGCC Facility ID Number <u>279362</u>	Survey Plat
6. Well/Facility Name: _____	7. Well/Facility Number <u>TR 24-16-597</u>	Directional Survey
8. Location (Qtr/Tr, Sec, Twp, Rng, Meridian): <u>SESW S16 T5S R97W 6 pm</u>		Surface Eqpm Diagram
9. County: <u>Garfield</u>	10. Field Name: <u>Trail Ridge</u>	Technical Info Page <input checked="" type="checkbox"/>
11. Federal, Indian or State Lease Number: _____		Other <input checked="" type="checkbox"/>

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:	<table border="1"> <tr> <td></td> <td>FNL/FSL</td> <td>FEL/FWL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		FNL/FSL	FEL/FWL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	FNL/FSL	FEL/FWL											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
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"/> attach directional survey												
Bottomhole location Qtr/Tr, 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 <input type="checkbox"/>												
Ground Elevation _____	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 Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____	<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached												
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____												
<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"/> NOTICE OF CONTINUED SHUT IN STATUS 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 _____												
<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 <table border="1"> <tr> <td>Method used</td> <td>Cementing tool setting/perf depth</td> <td>Cement volume</td> <td>Cement top</td> <td>Cement bottom</td> <td>Date</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date	_____	_____	_____	_____	_____	_____
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 Approximate Start Date: _____	<input type="checkbox"/> 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"/> 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: <u>Form 15 COAs</u>
<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**