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DEC 21 2011

COGCC/Rifle Office

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: Angela Neifert-Kraiser  
 2. Name of Operator: Williams Production RMT Company LLC Phone: (303) 606-4398  
 3. Address: 1001 17th Street, Suite 1200 City: Denver State: CO Zip: 80202 Fax: (303) 629-8268

5. API Number 05-045-07064-00 OGCC Facility ID Number \_\_\_\_\_  
 6. Well/Facility Name: HAMILL 7. Well/Facility Number RMV 28-27  
 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): \_\_\_\_\_ SWSE Sec. 27-T6S-94W  
 9. County: Garfield 10. Field Name: RULISON  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

Complete the Attachment Checklist

OP OGCC

|                       |   |
|-----------------------|---|
| 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:    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Surface Footage to Exterior Section Lines:      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Bottomhole Footage from Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Bottomhole Footage to Exterior Section Lines:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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: 12/21/11  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 type="checkbox"/> Casing/Cementing Program Change      | <input checked="" type="checkbox"/> Other: <u>vent bradenhead</u> |  |

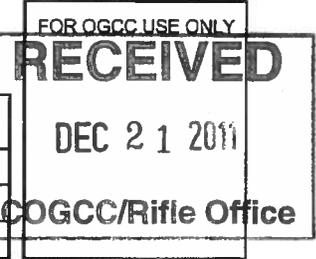
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Angela J Neifert-Kraiser Date: 12/21/11 Email: Angela.Neifert-Kraiser@Williams.com  
 Print Name: Angela J Neifert-Kraiser Title: Regulatory Specialist

COGCC Approved: Kai J. King Title: EIT III Date: DEC 22 2011

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 96850 API Number: 05-045-07064-00  
2. Name of Operator: Williams Production RMT Company LLC OGCC Facility ID # \_\_\_\_\_  
3. Well/Facility Name: HAMILL Well/Facility Number: RMV 28-27  
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE Sec. 27-T6S-94W

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

Surface Csg (9 5/8" 36#) - 325 ft  
Prod Csg (5 1/2" 17#) - 7,102 ft  
Prod TOC - 4,270 ft  
Perfs - 4,692 ft - 6,827 ft  
Tubing landing depth - 6,674 ft

Due to recent discussions with David Andrews with the COGCC concerning bradenhead pressures have identified this well as a potential remediation candidate. During 2nd quarter 2011 bradenhead checks bradenhead was found closed and with a surface pressure of 150 psi. Request to vent bradenhead through an existing line to a tank, if possible, or bring in a temporary tank to vent. Want to determine if pressure will dissipate or if remediation will be needed.