



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.)

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| DE | ET | CE | ES |
| RECEIVED | | | |
| DEC 20 2011 | | | |
| COGCC/Rifle Office | | | |

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| 1. OGCC Operator Number: <u>96850</u> | 4. Contact Name: <u>Angela Neifert-Kraiser</u> |
| 2. Name of Operator: <u>Williams Production RMT Company LLC</u> | Phone: <u>(303) 606-4398</u> |
| 3. Address: <u>1001 17th Street, Suite 1200</u> | Fax: <u>(303) 629-8272</u> |
| City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u> | |
| 5. API Number: <u>05-045-20005-00</u> OGCC Facility ID Number: _____ | Survey Plat: _____ |
| 6. Well/Facility Name: <u>Jolley</u> 7. Well/Facility Number: <u>KP 443-18</u> | Directional Survey: _____ |
| 8. Location (Qtr/Tr, Sec, Twp, Rng, Meridian): <u>NWSW 18-T6S-91W</u> | Surface Eqmpt Diagram: _____ |
| 9. County: <u>Garfield</u> 10. Field Name: <u>Kokopeli</u> | Technical Info Page: <input checked="" type="checkbox"/> |
| 11. Federal, Indian or State Lease Number: _____ | Other: _____ |

Complete the Attachment Checklist
OP OGCC

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/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 <u>NO</u> |
| 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 | |
| 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

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|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Report of Work Done |
| Approximate Start Date: <u>12/20/11</u> | 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 checked="" 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: <u>Vent Bradenhead Gas</u> | 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: Angela Neifert-Kraiser Date: 12/20/11 Email: Angela.Neifert-Kraiser@Williams.com
Print Name: Angela Neifert-Kraiser Title: Regulatory Specialist

COGCC Approved: Kai J. Kij Title: EIT III Date: DEC 22 2011
CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

DEC 20 2011

OGCC/Rifle Office

- 1. OGCC Operator Number: 96850 API Number: 05-045-20005-00
- 2. Name of Operator: Williams Production RMT Company LLC OGCC Facility ID # _____
- 3. Well/Facility Name: Jolley Well/Facility Number: KP 443-18
- 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW Section 18-T6S-R91W

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

Well Information:

Surface Csg 753 ft
TD 7406 ft
Prod Csg 7389 ft
Prod TOC at 2682 ft (Baker CBL 8-31-2011)
PBTD 7300 ft
Perfs -5232 - 7285
Tubing landing depth - 6350

History:

Williams spud this well on 7/31/2011. Per my voicemail we have pressure on the KP 443-18 bradenhead (05-045-20005). Plug was bumped 8-8-11. Pressure hit 150 psi 6 hrs later. Green cement and gas escaped when blown off (3 mins). When shut in it takes an hour to build back to 150 psi. Every time we bleed off it is taking longer to build to 150 psi and we are seeing less cement, mostly gas. I have attached the temp survey showing estimated top around 530 ft. Full returns and no losses during job. I will wait the required 72 hrs before submitting the CBL deferral.

Updated History 12/20/2011:

The CBL ran on 8-31-2011 shows good top at 2682 ft with various stringers all the way up the hole with a big chunk of bond at 1500 ft. This well is fully completed and is on production. The bradenhead will still reach 150 psi in 3 hours time. When blown dead it takes 5 seconds through a 2 inch valve and is all gas, no fluid. Williams would like to continue to vent the bradenhead for 90 days while we work up a remediation procedure at which time it will be submitted to COGCC and BLM for approval.