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COGCC/Rifle Office

**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: Greg Davis        | Complete the Attachment Checklist<br>OP OGCC |
| 2. Name of Operator: WPX Energy Rocky Mountain, LLC                                | Phone: 303-606-4071                |  |
| 3. Address: 1001 17th Street, Suite 1200<br>City: Denver State: CO Zip: 80202      | Fax: 303-629-8268                  |  |
| 5. API Number 05-045-19695-00  | OGCC Facility ID Number            | Survey Plat                                  |
| 6. Well/Facility Name: ExxonMobil  | 7. Well/Facility Number: GM 544-27 | Directional Survey                           |
| 8. Location (Qtr/Ctr, Sec, Twp, Rng, Meridian): Lot 10 Section 27 -T6S-R96W 6th PM |                                    | Surface Eqmpt Diagram                        |
| 9. County: Garfield  | 10. Field Name: Grand Valley       | Technical Info Page X                        |
| 11. Federal, Indian or State Lease Number:   |                                    | 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/Ctr, Sec, Twp, Rng, Mer \_\_\_\_\_ attach directional survey

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: 4/1/13  **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 |
| <input type="checkbox"/> Casing/Cementing Program Change      | <input checked="" type="checkbox"/> Other: Water Shut Off | 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: Greg Davis Date: 3/25/13 Email: greg.davis@wpxenergy.com  
 Print Name: Greg Davis Title: Supervisor Permits  
 COGCC Approved: [Signature] Title: NWAE Date: 3/25/13  
 CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 96850 API Number: 05-045-19695-00  
 2. Name of Operator: WPX Energy Rocky Mountain, LLC OGCC Facility ID # \_\_\_\_\_  
 3. Well/Facility Name: ExxonMobil Well/Facility Number: GM 544-27  
 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): Lot 10 Section 27 -T6S-R96W 6th PM

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

Wellname: **GM 544-27**  
 Location: **NWSE Sec 27 6S 96W**  
 Field: **Grand Valley**  
 API: **05-045-19695**

Prepared By: **Tony Franzone**  
 cell phone: **(970) 589-1454**

|                    |                             |
|--------------------|-----------------------------|
| Surface Casing:    | 9-5/8" 32.3# set @ 969-ft   |
| Production Casing: | 4-1/2" 11.6# set @ 7,482-ft |
| PBTD:              | 7,255-ft                    |
| TOC:               | 2,710-ft                    |
| Tubing:            | 2-3/8" tbg @ 7,065-ft       |
| MV Completions:    | MV/Cameo (5,838 - 7,078 ft) |
| Correlate Log:     | Baker CBL - 04/19/2011      |

Purpose: Identify and isolate high water producing zone

Proposed Procedure:

-  
-

- 1 POOH w/ 2-3/8" tbg
- 2 RIH set RBP and packer and identify high water producing zone
- 3 POOH w/ packer and tubing
- 4 RIH and remediate high water producing zone with Class G cement
- 5 POOH w/ down hole equipment
- 6 Drill out cement and test to 500 psi
- 7 RIH with tubing and return to production
- 8 Submit subsequent report

**Tony Franzone**  
 WPX Energy, Rocky Mountain, LLC  
 Operations Engineer  
 Mobile: 970 589 1454  
 Office: 970 285 9377 ext 2719  
[tony.franzone@wpxenergy.com](mailto:tony.franzone@wpxenergy.com)