

State of Colorado
Oil and Gas Conservation Commission

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



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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: Howard Harris	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Williams Production RMT Company LLC	Phone: (303) 606-4086	
3. Address: 1001 17th Street, Suite 1200 City: Denver State: CO Zip 80202	Fax: (303) 629-8268	
5. API Number 05-045-16380-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: AP	7. Well/Facility Number 12-18-695	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NENW SEC. 18 T6S-R95W 6TH PM		Surface Eqpm't Diagram
9. County: Garfield	10. Field Name: Parachute	Technical Info Page
11. Federal, Indian or State Lease Number:		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"/>
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/Qtr, Sec, Twp, Rng, Mer	
Latitude	Distance to nearest property line
Longitude	Distance to nearest bldg, public rd, utility or RR
Ground Elevation	Distance to nearest lease line
	Is location in a High Density Area (rule 603b)? Yes/No
	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 checked="" type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: Existing pad used for existing producing wells Well never Drilled	<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 cbi 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

<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"/> 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 type="checkbox"/> Other:	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: Howard Harris Date: 3/28/12 Email: Howard.Harris@williams.com
Print Name: Howard Harris Title: Sr. Regulatory Specialist

COGCC Approved: _____ Title _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY: