

State of Colorado
Oil and Gas Conservation Commission

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: | 98850 | 4. Contact Name | |
| 2. Name of Operator: | Williams Production RMT Co. | Greg Davis | |
| 3. Address: 1515 Arapahoe St., Tower 3, Suite 1000 | | Phone: (303) 606-4071 | |
| City: Denver State: CO Zip 80202 | | Fax: (303) 629-8272 | |
| 5. API Number 05-045-17822-00 | OGCC Facility ID Number | Survey Plat | |
| 6. Well/Facility Name: Williams | 7. Well/Facility Number GM 523-32 | Directional Survey | |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SENE 32-T6S-99W | | Surface Egpmnt Diagram | |
| 9. County: Garfield | 10. Field Name: Grand Valley | Technical Info Page | X |
| 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: | | FNL/FSL |
| Change of Surface Footage to Exterior Section Lines: | | |
| Change of Bottomhole Footage from Exterior Section Lines: | | |
| Change of Bottomhole Footage to Exterior Section Lines: | | |
| Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer | | attach directional survey |
| Latitude | Distance to nearest property line | |
| Longitude | Distance to nearest lease line | |
| Ground Elevation | Distance to nearest well same formation | |
| | Distance to nearest bldg, public rd, utility or RR | |
| | Is location in a High Density Area (rule 603b)? | Yes/No |
| | Surface owner consultation date: | |

GPS DATA:

Date of Measurement PDOP Reading Instrument Operator's Name

| | | |
|--|----------------------|---|
| <input type="checkbox"/> CHANGE SPACING UNIT | | <input type="checkbox"/> Remove from surface bond |
| Formation | Spacing order number | Signed surface use agreement attached |
| Formation Code | Unit Acreage | |
| | Unit configuration | |

| | | |
|---|---|--------|
| <input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): | <input type="checkbox"/> CHANGE WELL NAME | NUMBER |
| Effective Date: | From: | |
| Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual | To: | |
| | Effective Date: | |

| | |
|--|---|
| <input type="checkbox"/> ABANDONED LOCATION: | <input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS |
| Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date well shut in or temporarily abandoned: |
| Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Ready for inspection: | 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 (a mcs 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

| | |
|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Report of Work Done |
| Approximate Start Date: | 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 checked="" type="checkbox"/> Change Drilling Plans | <input type="checkbox"/> Repair Well |
| <input type="checkbox"/> Gross Interval Changed? | <input type="checkbox"/> Rule 502 variance requested |
| <input checked="" 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: Greg Davis Date: 3/11/10 Email: Greg.J.Davis@Williams.comPrint Name: Greg Davis Title: Supervisor PermitsOGCC Approved: Kevin J. King Title: EIT III Date: MAR 11 2010

CONDITIONS OF APPROVAL IF ANY:



02577055



TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

MAR 11 2010

OGCC/Rifle Office

1. OGCC Operator Number: 98850 API Number: 05-045-17822-00
2. Name of Operator: Williams Production RMT Co OGCC Facility ID #
3. Well/Facility Name: Williams Well/Facility Number: GM 523-32
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE Sec 32 T6S-R96W

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

Williams requests permission to reduce the permitted 32.3# 9 5/8" sfc csg depth from 1192' (MD) to: 859' (MD) set with 455 sx cmt.