

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: Karolina Blaney	Complete the Attachment Checklist
2. Name of Operator: Williams Production RMT Company	Phone: 970-285-9377	
3. Address: 1058 County Road 215 City: Parachute State: CO Zip: 81635	Fax: 970-285-9573	
5. API Number: 05-103-11022	OGCC Facility ID Number: 335671	OP OGCC
6. Well/Facility Name: Federal RGU 11-25-198	7. Well/Facility Number: Federal RGU 11-25-198	Survey Plat
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW Sec 25 T1S R98W 6th Principle		Directional Survey
9. County: Rio Blanco	10. Field Name: Sulphur Creek	Surface Egpmnt Diagram
11. Federal, Indian or State Lease Number: COC60733		Technical Info Page
		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: _____

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: _____

Report of Work Done
Date Work Completed: 12/4/2010

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 checked="" 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: Karolina Blaney Date: _____ Email: karolina.blaney@williams.com
Print Name: Karolina Blaney Title: Environmental Specialist

COGCC Approved: [Signature] Title For Chris Canfield Date: 01/13/2011

CONDITIONS OF APPROVAL, IF ANY: EPS NW Region

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: <u>96850</u> API Number: <u>05-103-11022</u>
2. Name of Operator: <u>Williams Production RMT Company</u> OGCC Facility ID # <u>335671</u>
3. Well/Facility Name: <u>Federal RGU 11-25-198</u> Well/Facility Number: <u>Federal RGU 11-25-19</u>
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNW Sec 25 T1S R98W 6th PM</u>

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**

Attached are the analytical results and map of sampling locations as requested by the COGCC. Please refer to the submitted Form 19 tracking number 2523254. The analytical results and map are attached. The areas on the pad and the diversion ditch that exceed the Table 910-1 will be re-assessed when the facing operations are completed and the equipment is moved off the location. Any remediated soil will be placed in a bermed containment cell and treated on-site, as stated in the Form 19.