

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.)

Complete the Attachment  
Checklist

OP OGCC

1. OGCC Operator Number: 96850	4. Contact Name Karolina Blaney
2. Name of Operator: Williams Production RMT Company	Phone: 970-285-9377
3. Address: 1058 County Road 215	Fax: 970-285-9573
City: Parachute State: CO Zip: 81635	
5. API Number 05-103-11022	OGCC Facility ID Number 335671
6. Well/Facility Name: Federal RGU 11-25-198	7. Well/Facility Number Federal RGU 11-25-198
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWNW Sec 25 T1S R98W 6th Principle	
9. County: Rio Blanco	10. Field Name: Sulphur Creek
11. Federal, Indian or State Lease Number: COC60733	

Survey Plat		
Directional Survey		
Surface Egpm Diagram		
Technical Info Page	X	
Other	X	

## 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: \_\_\_\_\_

## 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

<input type="checkbox"/> <b>CHANGE OF OPERATOR (prior to drilling):</b> Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> <b>CHANGE WELL NAME</b> <b>NUMBER</b> From: _____ To: _____ Effective Date: _____
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<input type="checkbox"/> <b>ABANDONED LOCATION:</b> 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"/> <b>NOTICE OF CONTINUED SHUT IN STATUS</b> 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 _____
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<input type="checkbox"/> <b>SPUD DATE:</b> _____	<input type="checkbox"/> <b>REQUEST FOR CONFIDENTIAL STATUS</b> (6 mos from date casing set)
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☐ **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

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input checked="" type="checkbox"/> Report of Work Done Date Work Completed: 12/4/2010
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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:	96850	API Number:	05-103-11022
2. Name of Operator:	Williams Production RMT Company		OGCC Facility ID # 335671
3. Well/Facility Name:	Federal RGU 11-25-198	Well/Facility Number:	Federal RGU 11-25-19
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWNW Sec 25 T1S R98W 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

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.