

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:	96850	4. Contact Name	Greg Davis
2. Name of Operator:	Williams Production RMT Co.	Phone:	(303) 606-4071
3. Address: 1515 Arapahoe St., Tower 3, Suite 1000		Fax:	(303) 629-8272
City:	Denver	State:	CO
	Zip: 80202		
5. API Number 05-045-17265-00		OGCC Facility ID Number:	
6. Well/Facility Name: Jolley		7. Well/Facility Number	17-25D
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	SENW 17-16S-91W		
9. County: Garfield		10. Field Name:	Kokopeil
11. Federal, Indian or State Lease Number:			

Complete the Attachment
Checklist

OP OGCC

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
		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 _____ Unit Acreage _____ Unit configuration _____	Signed surface use agreement attached

<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 (e mos from date casing set)
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<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 checked="" type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> 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: 2/8/10 Email: Greg.J.Davis@Williams.comPrint Name: Greg Davis Title: Supervisor PermitsCOGCC Approved: Kevin J. Ky Title: EIT III Date: FEB 17 2010

CONDITIONS OF APPROVAL, IF ANY:

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TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED
FEB 08 2010
OGCC/Rifle Office

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96850

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17-25D
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):

SENW Section 17-T6S-R91W

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 continue venting bradenhead gas for an additional 6 months or until pressure remains below 150 psi limit (to be monitored on a monthly basis). Current status is when SI it built to 150 psi in about 5 minutes, but it blows down very quickly. No fluid on this one.