

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 05-045-17825-00	OGCC Facility ID Number		
6. Well/Facility Name: Williams	7. Well/Facility Number	GM 44-32	
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	SENE 92-T6S-96W		
9. County: Garfield	10. Field Name:	Grand Valley	
11. Federal, Indian or State Lease Number:			

Complete the Attachment
Checklist

OP OGCC

Survey Plat	
Directional Survey	
Surface Eqpm't Diagram	
Technical Info Page	X
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	

GPS DATA:

Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

☐ 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

☐ CHANGE OF OPERATOR (prior to drilling):

Effective Date:	<input type="checkbox"/> CHANGE WELL NAME	NUMBER
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	From: _____	
	To: _____	
	Effective Date: _____	

☐ ABANDONED LOCATION:

Was location ever built?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Is site ready for inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned:
Date Ready for inspection:		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 _____

☐ SPUD DATE:☐ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)☐ SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK

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 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 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 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:

Date: 3/11/10 Email: Greg.J.Davis@Williams.com

Print Name:

Title: Supervisor Permits

OGCC Approved:

K. J. Davis

Title EIT III

Date: MAR 11 2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 96850		API Number: 05-045-17825-00	
2. Name of Operator: Williams Production RMT Co		OGCC Facility ID #	
3. Well/Facility Name: Williams		Well/Facility Number: GM 44-32	
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):		SENE Sec 32 T6S-R96W	

RECEIVED
MAR 11 2010
COGCC/Rifle Office

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 2599' (MD) to: 1032' 1032' 852'