



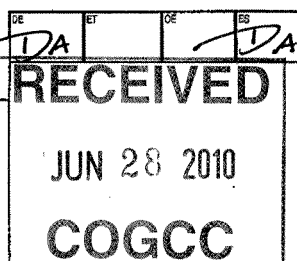
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State of Colorado
Oil and Gas Conservation Commission

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: Howard Harris	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Williams Production RMT Company	Phone: 303-606-4086	
3. Address: 1515 Arapahoe St., Tower 3, #1000	Fax: 303-629-8272	
City: Denver State: CO Zip: 80202		
5. API Number 05-045-18300-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Mahaffey	7. Well/Facility Number PA 434-25	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): SESW Section 25-T8S-R95W 6th PM		Surface Eqpm Diagram
9. County: Garfield	10. Field Name: Parachute	Technical Info Page X
11. Federal, Indian or State Lease Number:		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/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

☐ **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: 8/1/10

☐ **Report of Work Done**

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: Howard Harris Date: 6/28/10 Email: Howard.Harris@williams.com
Print Name: Howard Harris Title: Sr. Regulatory SpecialistCOGCC Approved: David And Title PE II Date: 7/7/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

JUN 28 2010

COGCC

1. OGCC Operator Number: 96850 API Number: 05-045-18300-00
2. Name of Operator: Williams Production RMT Company OGCC Facility ID #
3. Well/Facility Name: Mahaffey Well/Facility Number: PA 434-25
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW Section 25-T6S-R95W 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.

DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Williams requests approval to change the 9 5/8" surface casing set depth from 1109' to 900' TMD.
Everything else will remain the same.