

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:	28700	4. Contact Name	
2. Name of Operator:	ExxonMobil Oil Corporation	Lynn Neely	
3. Address:	P. O. Box 4358, COPR-MI-205	Phone:	281-654-1949
City:	Houston	State:	Tx.
		Zip:	77210-4358
		Fax:	281-654-1940
5. API Number	06-103-11185-00	OGCC Facility ID Number	
6. Well/Facility Name:	Piceance Creek Unit	7. Well/Facility Number	197-36A6
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	NESW, Sec. 36, T1S, R97W, 6th P.M.		
9. County:	Rio Blanco	10. Field Name:	Piceance Creek
11. Federal, Indian or State Lease Number:	COD-035710		

RECEIVED

SEP 01 2010

OGCC/Rifle Office

Complete the Attachment
Checklist

OP OGCC

Survey Plat	
Directional Survey	
Surface Eqpmt 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)
		FNL/FSL
Change of Surface Footage from Exterior Section Lines:		
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		
Latitude		Distance to nearest property line
Longitude		Distance to nearest lease line
Ground Elevation		Distance to nearest well same formation
		Surface owner consultation date:

attach directional survey

GPS DATA:

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

☐ **CHANGE SPACING UNIT**

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration	
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☐ **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:**

<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS	(6 mos from date casing set)
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☐ **SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK**

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date
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*submit cbl and cement job summaries

☐ **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	
Approximate Start Date:	09/01/2010
	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: 09/01/2010

Email: lynn.l.neely@exxonmobil.com

Print Name: Lynn Neely

Title: Regulatory Specialist

OGCC Approved:

Title: EIT III

Date: 9/1/2010

CONDITIONS OF APPROVAL, IF ANY: