

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: Karolina Blaney	Complete the Attachment Checklist  OP OGCC
2. Name of Operator: Williams Production RMT Company	Phone: 970 683 2295	
3. Address: 1058 County Road 215 City: Parachute State: CO Zip: 81635	Fax: 970 285 9573	
5. API Number 05-045-18450	OGCC Facility ID Number 412346	Survey Plat
6. Well/Facility Name: KP 23-25	7. Well/Facility Number: Hilton KP 513-25	Directional Survey
8. Location (Qtr/Clr, Sec, Twp, Rng, Meridian): NWSW, 26, 6S, 91W, 6th		Surface Eqpm Diagram
9. County: Garfield	10. Field Name: Kokopelli	Technical Info Page <input checked="" type="checkbox"/>
11. Federal, Indian or State Lease Number:		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: <input type="checkbox"/> FNL/FSL <input type="checkbox"/> FEL/FWL 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"/> attach directional survey Bottomhole location Qtr/Clr, 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 <input type="checkbox"/> 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 Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____	<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____
<input type="checkbox"/> ABANDONED LOCATION: 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"/> NOTICE OF CONTINUED SHUT IN STATUS 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 _____
<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit chl 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 type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input checked="" type="checkbox"/> Report of Work Done Date Work Completed: 8/30/2010
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"/> Change Drilling Plans <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Rule 502 variance requested <input type="checkbox"/> Other: _____
<input type="checkbox"/> E&P Waste Disposal <input type="checkbox"/> Beneficial Reuse of E&P Waste <input checked="" type="checkbox"/> Status Update/Change of Remediation Plans 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: 9/8/2010 Email: karolina.blaney@williams.com  
 Print Name: Karolina Blaney Title: Environmental Specialist

COGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: \_\_\_\_\_ API Number: \_\_\_\_\_

2. Name of Operator: \_\_\_\_\_ OGCC Facility ID # \_\_\_\_\_

3. Well/Facility Name: \_\_\_\_\_ Well/Facility Number: \_\_\_\_\_

4. Location (QtrQtr, Sec, Twp, Rng, Meridian): \_\_\_\_\_

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



744 Horizon Ct., Suite 140  
Grand Junction, CO 81506  
Phone: 970-243-3271  
Fax: 970-243-3280

September 8, 2010

Mr. Kent Rider  
Environmental Specialist  
Williams Production RMT Company  
1058 County Road 215  
Parachute, Colorado 81635

**RE: Short Report  
Spill/Release Report Form 19 #1629297  
KP 23-25 Sec. 25, T6S, R91W**

Dear Mr. Rider

HRL Compliance Solutions INC. (HCSI) conducted a follow up site visit on August 30, 2010 to the location of the spill documented in Spill Release Report Form 19 #1629297. The purpose of the site visit was to confirm the presence or absence of stressed vegetation as a result of a release that occurred on September 12, 2009. As can be seen in Figures 1, 2, 3, and 4 vegetation in the area appears to be healthy, although mostly comprised of annual weeds. HCSI inspected the vegetated areas in the vicinity of the riser manifold where the aluminum pipe failed and released produced water onto the ground. The areas where water would have flowed during and after the release were inspected as well. HCSI did not observe any stressed vegetation as a result of the release. Below are photos documenting the site visit.



Figure 1. Looking north from the riser at the area the produced water would have impacted.



Figure 2. Looking west at the low lying area near the terminus of the release.





Figure 3. Looking more northwest at the low lying area near the terminus of the release.

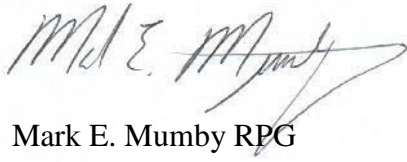


Figure 4. Looking to the northwest at the low lying area near the terminus of the release.

If you have any questions, please do not hesitate to contact our office at the above listed number.

Sincerely,

**HRL Compliance Solutions, Inc.**

A handwritten signature in dark ink, appearing to read "Mark E. Mumby", with a stylized flourish at the end.

Mark E. Mumby RPG  
Project Manager

cc: file