

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:	28700	4. Contact Name	Mark Cornett
2. Name of Operator:	ExxonMobil Oil Corporation	Phone:	281-654-1925
3. Address:	P. O. Box 4358, CORP-MI-207	Fax:	281-654-1940
City:	Houston	State:	Tx.
Zip	77210-4358		
5. API Number	05-103-11475-00	OGCC Facility ID Number	
6. Well/Facility Name:	Piceance Creek Unit	Well/Facility Number	296-6A1
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	SESW, Sec. 6, T2S, R66W, 6th P.M.		
9. County:	Rio Blanco	10. Field Name:	Piceance Creek
11. Federal, Indian or State Lease Number:	COD-052131		



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OGCC/Battle Office

Completed the Attachment
Checklist

OP OGCC

Survey Plat	
Directional Survey	
Surface Equipmt. 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		attach directional survey
Latitude		
Longitude		
Ground Elevation		

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	Signed surface use agreement attached
Formation Code	Unit configuration
Spacing order number	Unit acreage

<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 (6 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: 10/15/2010	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"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input checked="" type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other:
	<input type="checkbox"/> E&P Waste Disposal
	<input type="checkbox"/> Beneficial Reuse of E&P Waste
	<input 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: Mark Cornett Date: 10/03/2010 Email: mark.cornett@exxonmobil.com

Print Name: Mark Cornett Title: Regulatory Specialist

OGCC Approved: ETL Date: 10/13/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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COGCC/Rifle Office

1. OGCC Operator Number: _____ API Number: 103-11475

2. Name of Operator: PCU OGCC Facility ID # E

3. Well/Facility Name: PCU Well/Facility Number: 296-6A1

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

Currently Permitted Surface Casing String:

Casing String	Hole Sz	Csg Sz	Wt/Grade	Depth	ft3 Cmt	TOC	CMT Bottom
Surface	14.75	10.75"	45.5 #J-55	4700' MD	2630	Surface	4700' MD

Operator requests the following changes to Surface Casing String:

Casing String	Hole Sz	Csg Sz	Wt/Grade	Depth	ft3 Cmt	TOC	CMT Bottom
Surface	14.75	10.75"	45.5 #J-55	4431' MD	2471	Surface	4431' MD