FORM 4 Rev 12/05

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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

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COGCC/Rifle Office

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
2. Name of Operator: Williams Production RMT Co.
3. Address: 1515 Arapahoe St., Tower 3, Suite 1000
   City: Denver State: CO Zip 80202
4. Contact Name: Angela Neifert
   Phone: (303) 606-4398
   Fax: (303) 629-8272
5. API Number 05-045-19446-01 OGCC Facility ID Number
6. Well/Facility Name: Federal 7. Well/Facility Number KP 544-18
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE SEC 18-T6S-91W 6th PM
9. County: Garfield 10. Field Name: Kokopeli
11. Federal, Indian or State Lease Number:

Complete the Attachment Checklist

	OP	OGCC
Survey Plat		
Directional Survey		
Surface Eqpmt Diagram		
Technical Info Page		
Other		

General Notice

☐ **CHANGE OF LOCATION:** **Attach New Survey Plat** (a change of surface qtr/qtr is substantive and requires a new permit)

	FNL/FSL		FEL/FWL	
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:				

attach directional survey

Bottomhole location Qtr/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: 11/18/10
☐ Report of Work Done Date Work Completed:

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

☐ Intent to Recomplete (submit form 2)
☐ Change Drilling Plans
☐ Gross Interval Changed?
☐ Casing/Cementing Program Change
☐ Request to Vent or Flare
☐ Repair Well
☐ Rule 502 variance requested
☒ Other: Request to complete
☐ E&P Waste Disposal
☐ Beneficial Reuse of E&P Waste
☐ 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: Angela Neifert Date: 11/04/10 Email: Angela.Neifert@Williams.com

Print Name: Angela Neifert Title: Permit Technician

COGCC Approved: Title EIT 3 Date: 11/8/2010

CONDITIONS OF APPROVAL, IF ANY: