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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: | 28700 | 4. Contact Name | Lynn Neely |
| 2. Name of Operator: | ExxonMobil Oil Corporation | Phone: | 281-654-1949 |
| 3. Address: | P. O. Box 4358, COPR-MI-28705 | Fax: | 281-654-1940 |
| City: | Houston | State: | Tx. |
| Zip | 77210-4358 | | |
| 5. API Number | 05-103-10607-00 | OGCC Facility ID Number | |
| 6. Well/Facility Name: | Piceance Creek Unit | Well/Facility Number | T33X-29G2 |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): | SENW, Sec. 29, T1S, R96W, 6th P.M. | | |
| 9. County: | Rio Blanco | 10. Field Name: | Piceance Creek |
| 11. Federal, Indian or State Lease Number: | COD035734 | | |
| | | Survey Plat | |
| | | Directional Survey | |
| | | Surface Egpm Diagram | |
| | | Technical Info Page | X |
| | | Other | |



Complete the Attachment Checklist

OP OGCC

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: | | FNL/FSL |
| 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 | 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)? |
| 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 | <input type="checkbox"/> Remove from surface bond |
| | | | | | Signed surface use agreement attached |

☐ CHANGE OF OPERATOR (prior to drilling):

| | | | |
|-----------------|--|------------------|--------|
| Effective Date: | From: | CHANGE WELL NAME | NUMBER |
| Plugging Bond: | <input type="checkbox"/> Blanket <input type="checkbox"/> Individual | 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) |
|--|------------------------------|

☐ SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK

| | | | | | |
|-------------|-----------------------------------|---------------|------------|---------------|------|
| 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 _____ |
| <input type="checkbox"/> Final reclamation is completed and site is ready for inspection. |

Technical Engineering/Environmental Notice

| | | | |
|---|---|----------------------|------------|
| <input type="checkbox"/> Notice of Intent | <input checked="" type="checkbox"/> Report of Work Done | Date Work Completed: | 10/18/2010 |
| Approximate Start Date: | | | |

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 type="checkbox"/> Casing/Cementing Program Change | <input checked="" type="checkbox"/> Other: Install Plunger Lift | 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: 10/29/2010 Email: lynn.r.neely@exxonmobil.com

Print Name: Lynn Neely Title: Regulatory Specialist

OGCC Approved: _____ Date: 11/11/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

| | | | |
|--|------------------------------------|-----------------------|-----------------|
| 1. OGCC Operator Number: | 28700 | API Number: | 05-103-10607-00 |
| 2. Name of Operator: | ExxonMobil Oil Corporation | OGCC Facility ID # | 0 |
| 3. Well/Facility Name: | Picancee Creek Unit | Well/Facility Number: | T33X-29G2 |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): | SENW, Sec. 29, T1S, R96W, 6th P.M. | | |

RECEIVED

NOV 05 2010

OGCC/Rifle Office

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

Plunger lift system has been installed on this well.

Three-phase or "wet gas" measurement meters have been installed on the flowlines for each of the plunger lift systems. This meter will be used for real time surveillance and plunger lift management only. The current well testing and allocation processed currently performed by operations will not change.

PLUNGER LIFT SYSTEM OVERVIEW

Plunger Lift Systems consist of a plunger, often referred to as a piston, two bumper springs, a lubricator to sense and stop the plunger as it arrives at the surface, and a surface controller of which several types are available. Various ancillary and accessory components are used to complement and support various application needs.

In a typical plunger lift operation, the plunger cycles between the lower bumper spring located in the bottom section of the production tubing string and the upper bumper spring located in the surface lubricator on top of the wellhead. In some applications, the lower bumper spring is placed above a gas lift mandrel. As the plunger travels to the surface, it creates a solid interface between the lifted gas below and produced fluid above to maximize lifting energy.

The plunger travels from the bottom of the well to the surface lubricator on the wellhead when the force of the lifting gas energy below the plunger is greater than the liquid load above the plunger. Any gas that bypasses the plunger during the lifting cycle flows up the production tubing and sweeps the area to minimize liquid fallback. The incrementation of the travel cycle is controlled by a surface controller and may be repeated as often as needed.

