

**State of Colorado**  
**Oil and Gas Conservation Commission**  
**SUNDRY NOTICE**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109

**State of Colorado**  
**Oil and Gas Conservation Commission**  
**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: 28600	4. Contact Name
2. Name of Operator: ExxonMobil 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 05-103-11135-00	OGCC Facility ID Number
6. Well/Facility Name: Freedom Unit	7. Well/Facility Number 297-32A4
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	SENE, Sec. 32, T2S, R97W, 6th P.M.
9. County: Rio Blanco	10. Field Name: Piceance Creek
11. Federal, Indian or State Lease Number: COC-60725	

Complete the Attachment  
Checklist

OP OGCC

**General Notice**

<input type="checkbox"/> <b>CHANGE OF LOCATION:</b>	<b>Attach New Survey Plat</b>	(a change of surface qtr/qtr is substantive and requires a new permit)	
Change of <b>Surface</b> Footage from Exterior Section Lines:	FNL/FSL	FEL/FWL	
Change of <b>Surface</b> Footage to Exterior Section Lines:			
Change of <b>Bottomhole</b> Footage from Exterior Section Lines:			
Change of <b>Bottomhole</b> Footage to Exterior Section Lines:			
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer		attach directional survey	
Latitude		Distance to nearest property line	
Longitude		Distance to nearest bldg, public rd, utility or RR	
Ground Elevation		Distance to nearest lease line	
		Is location in a High Density Area (rule 603b)?	
		Distance to nearest well same formation	Surface owner consultation date:

**GPS DATA:**

Date of Measurement \_\_\_\_\_ PDOP Reading \_\_\_\_\_ Instrument Operator's Name \_\_\_\_\_

<input type="checkbox"/> <b>CHANGE SPACING UNIT</b>	<input type="checkbox"/> <b>Remove from surface bond</b>
Formation _____ Spacing order number _____ Unit configuration _____	Signed surface use agreement attached

<input type="checkbox"/> <b>CHANGE OF OPERATOR (prior to drilling):</b>	<input type="checkbox"/> <b>CHANGE WELL NAME</b>	<b>NUMBER</b>
Effective Date: _____	From: _____	
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To: _____	
	Effective Date: _____	

<input type="checkbox"/> <b>ABANDONED LOCATION:</b>	<input type="checkbox"/> <b>NOTICE OF CONTINUED SHUT IN STATUS</b>
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"/> <b>SPUD DATE:</b> _____	<input type="checkbox"/> <b>REQUEST FOR CONFIDENTIAL STATUS</b> (6 mos from date casing set)
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<input type="checkbox"/> <b>SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK</b>	*submit cbl and cement job summaries
Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____	Date _____

<input type="checkbox"/> <b>RECLAMATION:</b> 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
Approximate Start Date: _____	Date Work Completed: 10/18/2010

**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"/> 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

COGCC Approved: \_\_\_\_\_

Title

EIT3

Date: 11/12/2010

CONDITIONS OF APPROVAL, IF ANY:



02577418

**RECEIVED**

NOV 05 2010

COGCC/Rifle Office

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY
RECEIVED
NOV 05 2010
COGCC/Rifle Office

1. OGCC Operator Number:	28600	API Number:	05-103-11135-00
2. Name of Operator:	ExxonMobil Corporation OGCC Facility ID # 0		
3. Well/Facility Name:	Freedom Unit	Well/Facility Number:	297-32A4
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SENE, Sec. 32, T2S, R97W, 6th P.M.		

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.

