

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: 81435	Fax: 970-285-9573	
5. API Number 05-045-11452	OGCC Facility ID Number N/A	
6. Well/Facility Name: Hoaglund PA 21-2	7. Well/Facility Number N/A	Survey Plat
8. Location (CtrQtr, Sec, Twp, Rng, Meridian): NENW, Sec 2, T7S, R9SW, 6 PM		Directional Survey
9. County: Garfield	10. Field Name: Rullison	Surface Equip Diagram
11. Federal, Indian or State Lease Number:		Technical Info Page <input checked="" type="checkbox"/>
		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"/> F1U/F3L <input type="checkbox"/> F1L/F3L
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/> F1U/F3L <input type="checkbox"/> F1L/F3L
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/> F1U/F3L <input type="checkbox"/> F1L/F3L
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> F1U/F3L <input type="checkbox"/> F1L/F3L
Bottomhole location CtrQtr, Sec, Twp, Rng, Mer	
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)? Yes/No
	Distance to nearest well same formation
	Surface owner consultation date:
GPS DATA: Date of Measurement POOP Reading Instrument Operator's Name	
<input type="checkbox"/> CHANGE SPACING UNIT	<input type="checkbox"/> Remove from surface bond
Formation Formation Code Spacing order number Unit Acreage Unit configuration	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 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 Final reclamation is completed and site is ready for inspection.	

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date:	<input type="checkbox"/> Report of Work Done 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 type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Background
	<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: Karolina Blaney Date: 4/4/2011 Email: Karolina.Blaney@williams.com  
Print Name: Karolina Blaney Title: Environmental Specialist

OGCC Approved: Chris Camfield Title: FOR Date: 04/05/2011  
CONDITIONS OF APPROVAL, IF ANY: Chris Camfield  
EPS NW Region

FORM  
27  
Rev 6/99

State of Colorado  
Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
(303)894-2100 Fax: (303)894-2109



Page 2

REMEDIAL WORKPLAN (Cont.)

Tracking Number: \_\_\_\_\_  
Name of Operator: \_\_\_\_\_  
OGCC Operator No: \_\_\_\_\_  
Received Date: \_\_\_\_\_  
Well Name & No: \_\_\_\_\_  
Facility Name & No: \_\_\_\_\_

OGCC Employee: \_\_\_\_\_

If groundwater has been impacted, describe proposed monitoring plan (# of wells or sample points, sampling schedule, analytical methods, etc.):

See attached Noticed of Completion Report for Remediation # 5063

Describe reclamation plan. Discuss existing and new grade recontouring; method and testing of compaction alleviation; and reseeding program, including location of new seed, seed mix and noxious weed prevention. Attach diagram or drawing. Use additional sheet for description if required.

See attached Noticed of Completion Report for Remediation # 5063

Attach samples and analytical results taken to verify remediation of impacts. Show locations of samples on an onsite schematic or drawing.

Is further site investigation required? ☒ Y ☐ N If yes, describe:

See attached Noticed of Completion Report for Remediation # 5063

Final disposition of E&P waste (landtreated and disposed onsite, name of licensed disposal facility, recycling, reuse, etc.):

See attached Noticed of Completion Report for Remediation # 5063

IMPLEMENTATION SCHEDULE

Date Site Investigation Began: <u>June 18, 2010</u>	Date Site Investigation Completed: <u>June 18, 2010</u>	Date Remediation Plan Submitted: <u>June 16, 2010</u>
Remediation Start Date: <u>November 30, 2010</u>	Anticipated Completion Date: <u>March, 2011</u>	Actual Completion Date: <u>March 1, 2011</u>

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Karolina Blaney

Signed: Karolina Blaney

Title: Environmental Specialist

Date: 4/4/2011

OGCC Approved: [Signature]

Title: FOR Chris Camfield

Date: 04/05/2011

EPS NW Region