

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.)

RECEIVED
5/18/2011

1. OGCC Operator Number: 96850	4. Contact Name: Karolina Blaney	Complete the Attachment Checklist OPGCC
2. Name of Operator: Williams Production RMT	Phone: 970 684 2295	
3. Address: 1058 County Road 215	Fax: 970 285 9573	
City: Parachute State: CO Zip: 81635		
5. API Number 05-045-08056	OGCC Facility ID Number location # 334700	Survey Plat
6. Well/Facility Name:	7. Well/Facility Number PA 311-5 workover pit	Directional Survey
8. Location (Qtr, Sec, Twp, Rng, Meridian): SWSE, S32, T6S, R9SW, 6PM		Surface Eqpm Diagram
9. County: Garfield	10. Field Name: Parachute field	Technical Info Page <input checked="" type="checkbox"/>
11. Federal, Indian or State Lease Number:		Other <input checked="" type="checkbox"/>

General Notice

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location 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
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: _____

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"/> 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: Background _____	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: 5/18/11 Email: Karolina.Blaney@williams.com
Print Name: Karolina Blaney Title: Environmental Specialist

OGCC Approved: Chris Canfield Title: FOR Date: 05/23/2011
CONDITIONS OF APPROVAL, IF ANY: _____

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 96850	API Number: 05-045-08056
2. Name of Operator: Williams Production RMT	OGCC Facility ID #: 334700
3. Well/Facility Name: PA 311-5 workover pit	Well/Facility Number:
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE, S32, T6S, R95W, 6PM	

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

The purpose of this Form 4 is to correct the coordinates of the PA 311-5 workover pit location. The PA 311-5 workover pit was located at the PA 334-32 well pad (COGCC facility # 334700); the correct coordinates are:
Latitude: 39.476069
Longitude: -108.019514

The previous incorrect coordinates were included in the pit permit Form 15 submitted on 6/6/2008 (see attached).



FORM 15 Rev 6/99

Click here to reset form

State of Colorado

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FOR OGCC USE ONLY

EARTHEN PIT REPORT/PERMIT

This form is to be used for both reporting and permitting pits. Rule 903 describes when a Permit with prior approval, or a Report within 30 days, is required for pits. Submit required attachments and forms.

Complete the Attachment Checklist

FORM SUBMITTED FOR:

Pit Report Pit Permit

Oper OGCC

Attachment Checklist table with columns for item name and checkboxes for completion.

Main form section containing operator information (OGCC Operator Number, Name, Address, City, State, Zip), contact information (Name, Phone, Fax), and well details (API Number, Location, Latitude, Longitude, County, Pit Use, Pit Type, etc.).

Existing Site Conditions

Existing Site Conditions section including questions about sensitive areas, land use (Crop Land, Non-Crop Land, etc.), and soil types (Soils Name, Horizon thickness).

Pit Design and Construction

Pit Design and Construction section including pit dimensions (Length, Width, Depth), volume, disposal rates, liner material, and treatment methods.

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

Print Name: Robert Bleil Signed: [Signature] Title: Principal Regulator/Specialist Date: 6-6-08

OGCC Approved: [Signature] Title: OGCA Supervisor Date: 3/22/11

CONDITIONS OF APPROVAL (IF ANY) FACILITY NUMBER: 422334

- PIT CLOSED (PRIOR TO AUG 2008) - OPERATOR AWAITING REVIEW AND APPROVAL OF FORM 27 SUBMITTED TO COGCC 2/18/2010