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FORM
4
Rev 1205

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 OP OGCC
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 plt	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SWSE, S32, T6S, R9SW, 6PM		Surface Eqpm Diagram
9. County: Garfield	10. Field Name: Parachute field	Technical Info Page
11. Federal, Indian or State Lease Number:		Other

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: ☐ FNL/FSL ☐ FEL/FWL

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
From: NUMBER
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

*submit cbl and cement job summaries

☐ 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: Chris Canfield

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 (OGCC 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).



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

Detailed Site Plan	X
Topo Map w/ Pit Location	X
Water Analysis (Form 25)	NA
Source Wells (Form 25)	NA
Pit Design Plan & Cross Sect	X
Design Calculations	NA
Sensitive Area Determin.	X
Mud Program	NA
Form 2A	NA

OGCC Operator Number: 96850
Name of Operator: Williams Production RMT Company
Address: 1058 CR 215
City: Parachute State: CO Zip: 81635

Contact Name and Telephone:
Robert Bleil
No: (970) 285-9377
Fax: (970) 285-9573

API Number (of associated well): N/A OGCC Facility ID (of other associated facility): N/A
Pit Location (Qtr, Sec, Twp, Rng, Meridian): NW NW S5 T7S R95W 6th PM
Latitude: N 39.473423 Longitude: W 108.027337 County: Garfield
Pit Use: ☐ Production ☐ Drilling (Attach mud program) ☒ Special Purpose (Describe Use): PA 311-5 Workover Pit (See
Pit Type: ☒ Lined ☐ Unlined Surface Discharge Permit: ☐ Yes ☒ No attachments)
Offsite disposal of pit contents: ☐ Injection ☐ Commercial Pit/Facility Name: Pit/Facility No:
Attach Form 26 to Identify Source Wells and Form 25 to provide Produced Water Analysis results.

Existing Site Conditions

Is the location in a "Sensitive Area?" ☐ Yes ☒ No Attach data used for determination.
Distance (in feet) to nearest surface water: 2000 ground water: 40 - 80 ft water wells: 4400 ft
LAND USE (or attach copy of Form 2A if previously submitted for associated well) Select one which best describes land use:
Crop Land: ☐ Irrigated ☐ Dry Land ☐ Improved Pasture ☐ Hay Meadow ☐ CRP
Non-Crop Land: ☒ Rangeland ☐ Timber ☐ Recreational ☐ Other (describe):
Subdivided: ☐ Industrial ☐ Commercial ☐ Residential
SOILS (or attach copy of Form 2A if previously submitted for associated well)
Soil map units from USNRCS survey: Sheet No: CO683 Soil Complex/Series No: 3
Soils Series Name: Arvada Loam Horizon thickness (in inches): A: 0 - 60" ; B: ; C:
Soils Series Name: Horizon thickness (in inches): A: ; B: ; C:
Attach detailed site plan and topo map with pit location.

Pit Design and Construction

Size of pit (feet): Length: 180 Width: 128 Depth: 3
Calculated pit volume (bbls): 4800 Daily inflow rate (bbls/day): 200 (annualized)
Daily disposal rates (attach calculations): Evaporation: NA bbls/day Percolation: NA bbls/day
Type of liner material: Synthetic Polypropylene Thickness: 35 mil
Attach description of proposed design and construction (Include sketches and calculations).
Method of treatment of produced water prior to discharge into pit (separator, heater treater, other): NA
Is pit fenced? ☒ Yes ☐ No Is pit netted? ☒ Yes ☐ No

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 Regulatory 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 OGCC 2/18/2010