



DOCUMENT  
#2221380

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	Attachment
2. Name of Operator: Williams Production RMT Company	Phone: 970.589.0743	OPOGCC
3. Address: 1058 County Road 215 PO Box 370 City: Parachute State: CO Zip: 81635	Fax: 970.263.5313	
5. API Number: 05-045-12286	OGCC Facility ID Number: 284691	Survey Plat
6. Well/Facility Name: Chevron TR 31-13-597	7. Well/Facility Number: 31-13-597	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWNE, Sec. 13, T5S, R97W, 6PM		Surface Eqmpt Diagram
9. County: Garfield	10. Field Name: Trail Ridge - #83825	Technical Info Page
11. Federal, Indian or State Lease Number:		Other

Rem # 4952

General Notice

Location ID # 324367

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/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)? 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 \*submit cbl and cement job summaries  
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 checked="" 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 for Spills and Releases
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Background Arsenic/SAR	

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: \_\_\_\_\_ Email: karolina.blaney@williams.com  
 Print Name: Karolina Blaney Title: Environmental Specialist

COGCC Approved: [Signature] Title: FOR Date: 12/05/2011  
 CONDITIONS OF APPROVAL, IF ANY: Chris Camfield  
EPS NW Region

**TECHNICAL INFORMATION PAGE**



FOR OGCC USE ONLY

1. OGCC Operator Number: _____	API Number: _____
2. Name of Operator: _____	OGCC Facility ID # _____
3. Well/Facility Name: _____	Well/Facility Number: _____
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____	

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**