

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 Greg Davis |
| 2. Name of Operator: Williams Production RMT Company LLC | Phone: (303) 606-4071 |
| 3. Address: 1001 17th Street, Suite 1200 | Fax: (303) 629-8268 |
| City: Denver State: CO Zip 80202 | |
| 5. API Number 05-045-20280-00 | OGCC Facility ID Number |
| 6. Well/Facility Name: Bosely | 7. Well/Facility Number SG 413-35 |
| 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW/4 NW/4 SEC. 35 T7S-R96W 6TH PM | |
| 9. County: Garfield | 10. Field Name: Grand Valley |
| 11. Federal, Indian or State Lease Number: | |

| | | |
|------------------------|---|--|
| Survey Plat | | |
| Directional Survey | | |
| Surface Eqpmnt Diagram | | |
| Technical Info Page | X | |
| 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:

Change of **Surface** Footage **to** Exterior Section Lines:

Change of **Bottomhole** Footage **from** Exterior Section Lines:

Change of **Bottomhole** Footage **to** Exterior Section Lines:

FNL/FSL

FEL/FWL

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** **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** ☐ **Report of Work Done**

Approximate Start Date: 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 checked="" 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 checked="" type="checkbox"/> Casing/Cementing Program Change | <input checked="" type="checkbox"/> Other: Deepen Sfc Csg | 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: Greg Davis

Date: 11/28/11 Email: Greg.J.Davis@Williams.com

Print Name: Greg Davis

Title: Supervisor Permits

COGCC Approved: [Signature]

Title: NWAE Date: 2/3/12

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

NOV 30 2011

COGCC

| | | | | |
|----|---|--|-----------------------|-----------------|
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| 2. | Name of Operator: | Williams Production RMT Company LLC OGCC Facility ID # | | |
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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

Williams requests permission to change surface csg depth of the subject well from the permitted depth of 535' MD to 1000' MD. 32.3# 9 5/8" Sfc Csg will be set at 1000' with 349 sx cmt.

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