



01672285

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

NOV 30 2011

OGCC
Complete Attachment Checklist

OP OGCC

1. OGCC Operator Number: 96850
2. Name of Operator: Williams Production RMT Company LLC
3. Address: 1001 17th Street, Suite 1200
City: Denver State: CO Zip 80202
4. Contact Name: Greg Davis
Phone: (303) 606-4071
Fax: (303) 629-8268

5. API Number 05-045-20277-00 OGCC Facility ID Number
6. Well/Facility Name: Bosely 7. Well/Facility Number SG 13-35
8. Location (Qtr/Qtr, 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 Eqpm Diagram		
Technical Info Page	X	
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:	<table border="1"><tr><td></td><td>FNL/FSL</td><td></td><td>FEL/FWL</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>		FNL/FSL		FEL/FWL												
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Bottomhole location Qtr/Qtr, 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:																

attach directional survey

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 STATUSDate 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 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

OGCC Approved: [Signature]

Title: DWAE

Date: 2/3/12

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
NOV 30 2011
COGCC

1. OGCC Operator Number: 96850 API Number: 05-045-20277-00
 2. Name of Operator: Williams Production RMT Company LLC OGCC Facility ID # _____
 3. Well/Facility Name: Bosely Well/Facility Number: SG 13-35
 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW/4 NW/4 SEC. 35 T7S-R96W 6TH PM

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Williams requests permission to change surface csg depth of the subject well from the permitted depth of 734' MD to 1000' MD. 32.3# 9 5/8" Sfc Csg will be set at 1000' with 349 sx cmt.

[illegible]