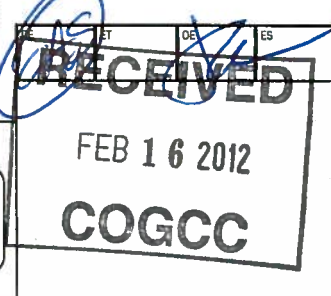




02447829

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109

State of Colorado
s Conservation Commission

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 Howard Harris | Complete the Attachment Checklist OP OGCC |
| 2. Name of Operator: Williams Production RMT Company LLC | Phone: (303) 606-4086 | |
| 3. Address: 1001 17th Street, Suite 1200 | Fax: (303) 629-8268 | |
| City: Denver State: CO Zip: 80202 | | |
| 5. API Number 05-045-12863-00 | OGCC Facility ID Number | Survey Plat |
| 6. Well/Facility Name: Federal | 7. Well/Facility Number RWF 424-9 | Directional Survey |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SWSW Sec. 19-T6S-94W | | Surface Eqpmnt Diagram |
| 9. County: Garfield | 10. Field Name: RULISON | Technical Info Page X |
| 11. Federal, Indian or State Lease Number: | | 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: | <input type="checkbox"/> FNU/FSL <input type="checkbox"/> FEL/FWL |
| Change of Surface Footage to Exterior Section Lines: | <input type="checkbox"/> <input type="checkbox"/> |
| Change of Bottomhole Footage from Exterior Section Lines: | <input type="checkbox"/> <input type="checkbox"/> |
| Change of Bottomhole Footage to Exterior Section Lines: | <input type="checkbox"/> <input type="checkbox"/> attach directional survey |
| 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: |
| GPS DATA: | |
| Date of Measurement PDOP Reading Instrument Operator's Name | |
| <input type="checkbox"/> CHANGE SPACING UNIT | <input type="checkbox"/> Remove from surface bond |
| Formation Formation Code Spacing order number Unit Acreage Unit configuration | Signed surface use agreement attached |
| <input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): | <input type="checkbox"/> CHANGE WELL NAME |
| Effective Date: | NUMBER |
| Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual | From: |
| | To: |
| | Effective Date: |
| <input type="checkbox"/> ABANDONED LOCATION: | <input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS |
| Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date well shut in or temporarily abandoned: |
| Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Ready for Inspection: | MIT required if shut in longer than two years. Date of last MIT |
| <input type="checkbox"/> SPUD DATE: | <input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set) |
| <input type="checkbox"/> 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 | |
| <input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. | |
| Final reclamation will commence on approximately <input type="checkbox"/> Final reclamation is completed and site is ready for inspection. | |

Technical Engineering/Environmental Notice

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Report of Work Done | |
| Approximate Start Date: Dependent on Rig Availability | 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: Squeeze high water interval | 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: Howard HarrisDate: 2/12/12 Email: Howard.Harris@Williams.comPrint Name: Howard HarrisTitle: Sr. Regulatory SpecialistCOGCC Approved: [Signature]Title: NWAEDate: 3/14/12

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED
FEB 16 2012
COGCC

1. OGCC Operator Number: 96850 API Number: 05-045-12863-00
2. Name of Operator: Williams Production RMT Company LLC OGCC Facility ID #
3. Well/Facility Name: Federal Well/Facility Number: RWF 424-9
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW Sec. 19-T6S-94W

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 wishes to identify and isolate high water interval in subject well per following procedure.



Exploration and Production
Water Squeeze Procedure

Wellname: **RWF 424-9**
Location: **SWSW 9 6S 94W**
Field: **Rulison**
API: **05-045-12863**

Prepared By: Greg Foster
Office phone: 970-250-7569

Date:

Surface Casing: 9-5/8" 32.3# set @ 1,188-ft
Production Casing: 4-1/2" 11.6# set @ 8,748-ft
PBTD: 8,715-ft
TOC: 4,040-ft
Tubing: 2-3/8" tbg @ 7,836-ft
MV Completions: Lower Cameo through MV-5 (6,275 - 8,317-ft)
Correlate Log: HES CH Log dated 2/24/2008

Purpose: Identify and isolate high water producing zone

Proposed Procedure:

- 1 POOH w/ 2-3/8" tbg
- 2 RIH set RBP and packer and identify high water producing zone
- 3 Remediate high water producing zone w/ Class G cement
- 4 Wait on cement
- 5 POOH w/ down hole equipment
- 6 Drill out cement and test to 1000 psi
- 7 Retrieve RBP
- 8 RIH with tubing and return Williams Fork to Production
- 9 Submit subsequent report