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State of Colorado

Conservation Commission

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



RECEIVED

FEB 16 2012

COGCC

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 City: Denver State: CO Zip: 80202	Fax: (303) 629-8268	
5. API Number 05-045-12556-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Federal	7. Well/Facility Number RWF 524-17	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE Sec. 17-T6S-94W		Surface Eqmpt Diagram
9. County: Garfield	10. Field Name: RULISON	Technical Info Page X
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:	<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: \_\_\_\_\_ Dependent on Rig Availability \_\_\_\_\_

Report of Work Done Date Work Completed: \_\_\_\_\_

**Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)**

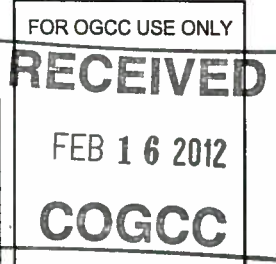
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input 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: 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 Harris Date: 2/16/12 Email: Howard.Harris@Williams.comPrint Name: Howard Harris Title: Sr. Regulatory SpecialistCOGCC Approved: [Signature] Title: NWAE Date: 3/14/12

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



- 1. OGCC Operator Number: 96850 API Number: 05-045-12556-00
- 2. Name of Operator: Williams Production RMT Company LLC OGCC Facility ID # \_\_\_\_\_
- 3. Well/Facility Name: Federal Well/Facility Number: RWF 524-17
- 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE Sec. 17-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 524-17**  
Location: **NWSE 17 6S 94W**  
Field: **Rulison**  
API: **05-045-12556**

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

Date: 2/6/12

Surface Casing: 9-5/8" 32.3# set @ 2,463-ft  
Production Casing: 4-1/2" 11.6# set @ 8,691-ft  
PBSD: 8,350-ft (CIBP in csg)  
TOC: 3,220-ft  
Tubing: 2-3/8" tbg @ 7,863-ft  
MV Completions: Lower Cameo through MV-4 (6,132 - 8,221-ft)  
Correlate Log: HES CH Log dated 4/25/2007

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