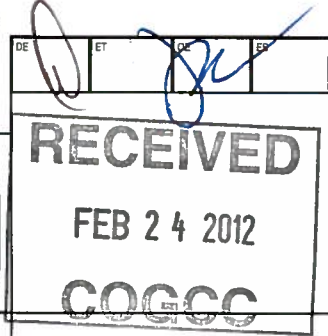




SUNDRY NOTICE

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.)



Complete the Attachment Checklist

OP OGCC

1. OGCC Operator Number: 96850	4. Contact Name: Howard Harris
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 05-045-06992-00	OGCC Facility ID Number
6. Well/Facility Name: Clough	7. Well/Facility Number RMV 14-29A
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	NENE Sec. 29-T6S-94W
9. County: Garfield	10. Field Name: Rulison
11. Federal, Indian or State Lease Number:	

Survey Plat		
Directional Survey		
Surface Eqpm 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:	FNL/FSL	FEL/FWL
Change of Surface Footage to Exterior Section Lines:		
Change of Bottomhole Footage from Exterior Section Lines:		
Change of Bottomhole Footage to Exterior Section Lines:		

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

<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME From: To: Effective Date:
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<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> 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: 3/15/12 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 checked="" 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: vent bradenhead	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: 3/22/12 Email: Howard.Harris@Williams.com

Print Name: Howard Harris Title: Sr. Regulatory Specialist

COGCC Approved: Title NWAE Date: 5/8/12

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

FEB 24 2012

COGCC

1. OGCC Operator Number: 96850 API Number: 05-045-06992-00
2. Name of Operator: Williams Production RMT Company LLC OGCC Facility ID #
3. Well/Facility Name: Clough Well/Facility Number: RMV 14-29A
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE Sec. 29-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 requests permission to vent bradenhead to tank

During quarterly checks the bradenhead on the RMV 14-29A was noted as being at 130 psi. An attempt to blow down and see if pressure would dissipate resulted in no fluid being brought to surface and the bradenhead being at 10 psi after one hour. It was determined that it would not be best to leave this open as there was the possibility for a noticeable vent at surface. WPX requests to bring a tank onto location to attempt to vent the bradenhead to and see if pressure will dissipate. If after 3 – 6 months of venting bradenhead pressure is still observed when shut-in, WPX will pursue further alternatives with the COGCC.

Well Information:

Surface Csg 347 ft
Prod Csg 7,149 ft
TD 7,150 ft
Prod TOC at 3,645 ft
Perfs – 5,262 ft – 6,984 ft
Tubing landing depth – 6,889 ft