

State of Colorado Oil and Gas Conservation Commission

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



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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 JUL 27 2012 COGCC/Rifle Office

Complete the Attachment Checklist

OP OGCC

1. OGCC Operator Number: 96850 4. Contact Name: Howard Harris
2. Name of Operator: WPX Energy LLC
3. Address: 1001 17th Street, Suite 1200 City: Denver State: CO Zip: 80202
5. API Number: 05-045-10881-00 OGCC Facility ID Number:
6. Well/Facility Name: Federal 7. Well/Facility Number: GM 21-9
8. Location (Qtr/Tr, Sec, Twp, Rng, Meridian): NWNW Sec. 9-T7S-96W
9. County: Garfield 10. Field Name: Grand Valley
11. Federal, Indian or State Lease Number:

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:
Bottomhole location Qtr/Tr, 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: From: To: Effective Date: NUMBER

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: Method used: Cementing tool setting/perf depth: Cement volume: Cement top: Cement bottom: Date:
\*submit cbl and cement job summaries

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: 7/26/12 Report of Work Done: Date Work Completed:

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

Intent to Recomplete (submit form 2) Request to Vent or Flare E&P Waste Disposal
Change Drilling Plans Repair Well Beneficial Reuse of E&P Waste
Gross Interval Changed? Rule 502 variance requested Status Update/Change of Remediation Plans
Casing/Cementing Program Change Other: Squeeze Casing Leak 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: 7/26/12 Email: Howard.Harris@Williams.com
Print Name: Howard Harris Title: Sr. Regulatory Specialist

COGCC Approved: Title: NWA E EIT III Date: 7/27/12

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 96850 API Number: 05-045-10881-00  
 2. Name of Operator: WPX Energy LLC OGCC Facility ID #  
 3. Well/Facility Name: Federal Well/Facility Number: GM 21-9  
 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW Sec. 9-T7S-96W

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.

RECEIVED  
JUL 27 2012  
COGCC/Rifle Office

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Williams wishes to identify and remediate suspected casing leakin subject well per following procedure. Verbal approval was given by Mr. Jay Krabacher with the COGCC to proceed with work.

Surface Casing: 9-5/8" 32.3# set @ 1,134'  
 Production Casing: 4-1/2" 11.6# set @ 6,956'  
 PBSD: 6,933'  
 TOC: 5,650'  
 Tubing: 2-3/8" tbg @ 6,486'  
 MV Completions: Lower Cameo to MV 4 (5,274' to 6,810)  
 Correlate Log: Halliburton CBL dated 7/26/2012

Purpose: Repair casing

Procedure: (Step 1 already complete)

- 1 POOH w/ 2-3/8" tbg
- RIH with packer and test casing to 500 psi
- 2 TOH, RIH with plug/pkr and isolate hole in casing
- 3 Remediate hole w/ Class G cement
- 4 Wait on cement
- 5 POOH w/ down hole equipment
- 6 Drill out cement and test to 500 psi
- 7 Retrieve RBP
- 8 RIH with tubing and return to Production
- 9 Submit subsequent report