

State of Colorado
Oil and Gas Conservation Commission

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



DE	ET	OE	ES
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SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number: 28700 Contact Name MARK CORNETT
 Name of Operator: EXXON MOBIL_OIL_CORPORATION Phone: (281) 654-1925
 Address: P O BOX 4358: CORP-MI-P040 Fax: (281) 654-1940
 City: HOUSTON State: TX Zip: 77210-4358 Email: _____

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 103 10881 00 OGCC Facility ID Number: 286481
 Well/Facility Name: PICEANCE CREEK UNIT Well/Facility Number: 297-13A4
 Location QtrQtr: SWNE Section: 13 Township: 2S Range: 97W Meridian: 6
 County: RIO BLANCO Field Name: PICEANCE CREEK
 Federal, Indian or State Lease Number: 052141

Survey Plat		
Directional Survey		
Srvc Eqpmt Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

- Change of Location * As-Built GPS Location Report As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude _____ PDOP Reading _____ Date of Measurement _____
 Longitude _____ GPS Instrument Operator's Name _____

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From** Exterior Section Lines:

Change of **Surface** Footage **To** Exterior Section Lines:

Current **Surface** Location **From** QtrQtr Sec

New **Surface** Location **To** QtrQtr Sec

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

Current **Top of Productive Zone** Location **From** Sec

New **Top of Productive Zone** Location **To** Sec

Change of **Bottomhole** Footage **From** Exterior Section Lines:

Change of **Bottomhole** Footage **To** Exterior Section Lines:

Current **Bottomhole** Location Sec Twp Range

New **Bottomhole** Location Sec Twp Range

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,
 property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
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**

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** attach deviated drilling plan

Comments:

ENGINEERING AND ENVIRONMENTAL WORK

NOTICE OF CONTINUED TEMPORARILY ABANDONED STATUS

Indicate why the well is temporarily abandoned and describe future plans for utilization in the COMMENTS box below or provide as an attachment, as required by Rule 319.b.(3).

Date well temporarily abandoned _____ Has Production Equipment been removed from site? _____

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT _____

SPUD DATE: _____

TECHNICAL ENGINEERING AND ENVIRONMENTAL WORK

Details of work must be described in full in the COMMENTS below or provided as an attachment.

NOTICE OF INTENT Approximate Start Date 05/25/2007

REPORT OF WORK DONE Date Work Completed _____

<input type="checkbox"/> Intent to Recomplete (Form 2 also required)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Mangement Plan
<input type="checkbox"/> Change Drilling Plan	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Change	<input type="checkbox"/> Rule 502 variance requested. Must provide detailed info regarding request.	
<input checked="" type="checkbox"/> Other <u>FOAM CEMENT OPTION 7'&4.5"</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

CASING AND CEMENTING CHANGES

Casing Type	Size	Of	/	Hole	Size	Of	/	Casing	Wt/Ft	Csg/LinTop	Setting Depth	Sacks of Cement	Cement Bottom	Cement Top

H2S REPORTING

Data Fields in this section are intended to document Sample and Location Data associated with the collection of a Gas Sample that is submitted for Laboratory Analysis.

Gas Analysis Report must be attached.

H2S Concentration: _____ in ppm (parts per million) Date of Measurement or Sample Collection _____

Description of Sample Point:

Absolute Open Flow Potential _____ in CFPD (cubic feet per day)

Description of Release Potential and Duration (If flow is not open to the atmosphere, identify the duration in which the container or pipeline would likely be opened for servicing operations.):

Distance to nearest occupied residence, school, church, park, school bus stop, place of business, or other areas where the public could reasonably be expected to frequent: _____

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: _____

COMMENTS:

<u>Best Management Practices</u>		
<u>No</u>	<u>BMP/COA Type</u>	<u>Description</u>

Operator Comments:

CEMENT VOLUMES ARE BASED ON GUAGE HOLE AND WILL BE REVISED AS NECESSARY (CALIPER DATA OR MUD LOG) TO ENSURE COVERAGE OF ALL FRESH WATER & HYDROCARBON BEARING FORMATIONS. ACTUAL CEMENT VOLUMES PUMPED WILL MEET OR EXCEED THIS VOLUME FOR ALL WELLS ON PAD.

OPERATOR REQUESTS THE OPTION TO SUBSTITUTE A SINGLE-STAGE FOAM CEMENT JOB FOR THE PROPOSED 2 STAGE JOB ON THE 7" INTERMEDIATE STRING. THE CEMENT WILL HAVE A LEAD +/- 13 PPG BASE SLURRY WITH NITROGEN ADDED TO REDUCE THE DENSITY OF THE SLURRY TO +/- 10 PPG AND A 15.8 PPG TAIL SLURRY. THE MINIMUM VOLUME OF CEMENT PUMPED WILL MEET OR EXCEED THE VOLUME PROPOSED PREVIOUSLY IN THE 2 STAGE INTERMEDIATE JOB.

OPERATOR REQUESTS THE OPTION TO UTILIZE FOAM CEMENTING ON THE 4-1/2 " PRODUCTION CASING CEMENT JOB. THE CEMENTATION OF THE CASING WILL INVOLVE A THREE SLURRY DESIGN - LEAD SLURRY (FOAM) +/- 10.5 PPG, TAIL SLURRY +/- 13.5 PPG AND CAP SLURRY +/- 15.8 PPG. THE CAP SLURRY WILL BE INJECTED THROUGH THE WELLHEAD TO COMPRESS FOAM CEMENT NEAR THE SURFACE. THE CEMENTING CRITERIA WITH RESPECT TO INTERVAL CEMENTED WILL BE APPROXIMATELY THE SAME AS THE INITIALLY PROPOSED 12.0 PPG SINGLE SLURRY DESIGN.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y Print Name: MARK CORNETT
Title: REG SPEC Email: MARK.CORNETT@EXXONMOBIL.COM Date: 2/10/2007

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Date: 2/20/2007

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files