



Oil and Gas Division

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

## 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:	96705	4. Contact Name	Heather Riley
2. Name of Operator:	Williams Production Co., LLC	Phone:	(505) 634-4222
3. Address:	P. O. Box 640	Fax:	(505) 634-4205
City:	Aztec	State:	NM
Zip:	87401	OGCC Facility ID Number	
5. API Number	05-067-0089-10	7. Well/Facility Number	#52
6. Well/Facility Name:	Bondad 33-9	8. Location (Off/On, Sec, Twp, Rng, Meridian):	NE/SW Sec. 29 T33N R9W N1PM
9. County:	La Plata	10. Field Name:	Ignacio-Blanco Mesa Verda
11. Federal, Indian or State Lease Number:			

Complete the Attachment Checklist

OP OGCC

## 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:		FEU/FSL
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 Off/On, Sec, Twp, Rng, Mer		
Latitude		Distance to nearest property line
Longitude		Distance to nearest lease line
Ground Elevation		Distance to nearest well same formation
		Distance to nearest bldg, public rd, utility or RR
		Is location in a High Density Area (rule 603b)?
		Surface owner consultation date
GPS DATA:	PDOP Reading	Instrument Operator's Name
Date of Measurement		
<input type="checkbox"/> CHANGE SPACING UNIT	Formation Code	Spacing order number
Formation		Unit Acreage
		Unit configuration
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):		
Effective Date:		
Plugging Bond:	<input type="checkbox"/> Blanket <input type="checkbox"/> Individual	
<input checked="" type="checkbox"/> ABANDONED LOCATION:		
Was location ever built?	<input checked="" 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"/> SPUD DATE:		
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	Cementing tool setting/perf depth	Cement volume
Method used		Cement top
		Cement bottom
		Date
<input checked="" type="checkbox"/> RECLAMATION:	Attach technical page describing final reclamation procedures per Rule 1004.	
Final reclamation will commence on approximately		

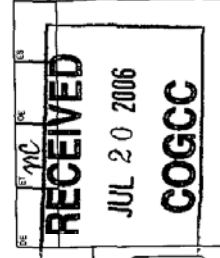
## Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent	Approximate Start Date:	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 type="checkbox"/> Other:	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: Heather Riley Date: 7/19/06 Email: heather.riley@williams.comPrint Name: Heather Riley Title: Regulatory SpecialistCOGCC Approval: Don J. Marks Title: Chief Date: 9/9/06

CONDITIONS OF APPROVAL, IF ANY:



FORM

4

Rev 12/05

## TECHNICAL INFORMATION PAGE



RECEIVED

JUL 20 2006

COGCC

1. OGCC Operator Number: 96705 API Number: 05-067-8089-00
2. Name of Operator: Williams Production Co., LLC OGCC Facility ID #
3. Well/Facility Name: Bondad 33-9 Well/Facility Number: #52
4. Location (Qtr, Sec, Twp, Rng, Meridian): NE/SW Sec. 29 T33N, R9W NMPM

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

The landowner, Jeff Paxton, was consulted on 7/18/06 concerning rehabilitation of the location and he said he did not want any rehab done. Attached to this Sundry is statement signed by Mr. Paxton.

ended 33.9#52

I, Jeff Paxton, am the landowner on this location.  
I understand that Williams Production Co is not  
going to drill this well and wishes to  
abandon the location which was built previously.  
I do not wish Williams Production Co to do any  
reclamation of this pad. I wish for them  
to leave it as is.

Jeff Paxton  
JEFF PAXTON

DATED:

7/18/06