

**State of Colorado
Oil and Gas Conservation Commission**

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 information copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number:	10071	4. Contact Name		<div style="border: 1px solid black; padding: 5px; text-align: center;"> OGCC/Rifle Office Complete the Attachment Checklist </div>	OP OGCC
2. Name of Operator:	Bill Barrett Corporation	Elaine Winnick			
3. Address:	1099 18th Street, Suite 2300	Phone:	303-312-8168		
City:	Denver	State:	CO		
Zip	80202	Fax:	303-291-0420		
5. API Number	05-045-18309	OGCC Facility ID Number		Survey Plat	
6. Well/Facility Name:	Specialty	7. Well/Facility Number	41B-28-692	Directional Survey	X
8. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NENE 28-6S-92W 6th PM			Surface Expm't Diagram	
9. County:	Garfield	10. Field Name:	Mamm Creek	Technical Info Page	
11. Federal, Indian or State Lease Number:					Other

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:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FNU/FSL FELU/FWL
Change of Surface Footage to Exterior Section Lines:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer		
Latitude _____	Distance to nearest property line _____	attach directional survey
Longitude _____	Distance to nearest bldg, public rd, utility or RR _____	
Ground Elevation _____	Is location in a High Density Area (rule 603b)? _____	
	Surface owner consultation date: _____	

GPS DATA:

Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

<input type="checkbox"/> 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):		CHANGE WELL NAME	NUMBER
<input type="checkbox"/> Effective Date: _____ <input type="checkbox"/> Plugging Bond: _____	<input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> From: _____ <input type="checkbox"/> To: _____ <input type="checkbox"/> Effective Date: _____	

<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 _____
--	---

<input type="checkbox"/> SPUD DATE: <u>2/16/10</u>	<input type="checkbox"/> 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: **6/28/2010**

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 checked="" type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> E&P Waste Disposal
	<input type="checkbox"/> Beneficial Reuse of E&P Waste
	<input type="checkbox"/> Status Update/Change of Remediation Plans 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: Elaine Winick Date: 6/28/2010 Email: ewinick@billbarrettcorp.com
Print Name: Elaine Winick Title: Senior Permit Analyst

COGCC Approved:  Title EIT II Date: 7/01/2010

CONDITIONS OF APPROVAL, IF ANY:

Ensure surface-casing depth will be 10% or greater of revised TVD. also, cement quantities increased to ensure same TOC's (or higher) than previously approved.

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 10071	API Number: 05-045-18309
2. Name of Operator: Bill Barrett Corporation	OGCC Facility ID #
3. Well/Facility Name: Specialty	Well/Facility Number: 41B-28-692
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE 28-6S-92W 6th PM	

RECEIVED
JUN 28 2009
OGCC/Riffe Office

2010
JW

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

Request to drill to the deeper Corcoran formation.

Revised MD 8233
Revised TVD 8166

Cozzette Corcoran is unspaced in this field.

Distance to nearest lease line has not changed and remains 660'

Distance to nearest well drilled to same formation is greater than 1200'.

Revised directional plan is attached.