

FORM
4

Rev 12/05

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 informational 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
2. Name of Operator: Bill Barrett Corporation	Elaine Winick
3. Address: 1099 18th Street Suite 2300	Phone: 303-312-8168
City: Denver State: CO Zip: 80202	Fax: 303-291-0420
5. API Number 05-045-18314	OGCC Facility ID Number
6. Well/Facility Name: Specialty	7. Well/Facility Number 32D-28-692
8. Location (Qtr/Sec, Twp, Rng, Meridian): NWNE 28-6S-92W 6th P.M.	
9. County: GARFIELD	10. Field Name: Mamm Creek
11. Federal, Indian or State Lease Number:	

General Notice

<input type="checkbox"/> CHANGE OF LOCATION:	Attach New Survey Plat	(a change of surface qtr/qr is substantive and requires a new permit)
Change of Surface Footage from Exterior Section Lines:	FNL/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/Sec, Twp, Rng, Mer	Distance to nearest property line	Distance to nearest bldg, public rd, utility or RR
Latitude	Distance to nearest lease line	Is location in a High Density Area (rule 603b)?
Longitude	Distance to nearest well same formation	Surface owner consultation date:
Ground Elevation		Yes/No
GPS DATA:		
Date of Measurement	PDOP Reading	Instrument Operator's Name
<input type="checkbox"/> CHANGE SPACING UNIT	Formation	Spacing order number
	Formation Code	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 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"/> SPUD DATE: 2/15/10		
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK		
Method used	Cementing tool setting/perf depth	Cement top
	Cement volume	Cement bottom
		Date
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.		
Final reclamation will commence on approximately		
<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.		

Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent	
Approximate Start Date: 6-28-10	
<input type="checkbox"/> 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"/> E&P Waste Disposal
<input checked="" type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	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

OGCC Approved:

EIT II

Title:

EIT II

Date: 6/30/2010

CONDITIONS OF APPROVAL, IF ANY:

ensure surface casing depth also increased (10% or more of TVD) & also increase cement volume to ensure TOC at or above TOC approved on APD



02054005

RECEIVED

JUN 28 2009

OGCC/Rifle Office

Complete the Attachment

Checklist

OF OGCC

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

JUN 28 2009

COGCC/Rifle Office

1. OGCC Operator Number: 10071 API Number: 05-045-18314
2. Name of Operator: Bill Barrett Corporation OGCC Facility ID #
3. Well/Facility Name: Specialty Well/Facility Number: 32D-28-692
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE 28-6S-92W 6th PM

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 8196
Revised TVD 8141

Cozzette Corcoran is unspaced in this field.

Distance to nearest lease line has not changed and remains 1136'

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

revised directional plan is attached