

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2111

SUNDRY NOTICE



02053996

26 27 28 29 30 31 32 33 34 35

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	05-045-18316	OGCC Facility ID Number	
6. Well/Facility Name:	Specialty	7. Well/Facility Number	42D-28-692
8. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NENE 28-6S-92W 6th PM	Surface Eqrmt Diagram	
9. County:	Garfield	Technical Info Page	
11. Federal, Indian or State Lease Number:		Other	

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:	FNL/FSL	FEL/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/Qtr, 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)?
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 _____ 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 ☐ NoIs 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:**

2/14/10

☐ **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 _____

☐ **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: 6/28/2010

☐ 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☒ Change Drilling Plans☐ Repair Well☐ Gross Interval Changed?☐ Rule 502 variance requested☐ Casing/Cementing Program Change☐ Other: _____☐ E&P Waste Disposal☐ Beneficial Reuse of E&P Waste☐ 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:

Elaine Winick

Title

EIT II

Date:

7/01/2010

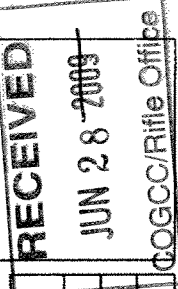
CONDITIONS OF APPROVAL, IF ANY:

ensure surface-casing-depth is
also changed to be 10% or more of new TVD
cement volumes also increased to ensure same TOC's
previously approved.

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



1. OGCC Operator Number: 10071 API Number: 05-045-18316
2. Name of Operator: Bill Barrett Corporation OGCC Facility ID #
3. Well/Facility Name: Specialty Well/Facility Number: 42D-28-692
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE 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 8210
Revised TVD 8131

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.