



RECEIVED JUL 12 2010 COGCC/Rifle Office

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 803b.)

1. OGCC Operator Number: 10071 4. Contact Name: Elaine Winick
2. Name of Operator: Bill Barrett Corporation
3. Address: 1099 18th Street, Suite 2300 City: Denver State: CO Zip: 80202
5. API Number: 05-045-18949 OGCC Facility ID Number: N/A-411-1522
6. Well/Facility Name: Jolley 7. Well/Facility Number: 21A-20-691
8. Location (Qtr/Qtr, Sec, Twp, Rng, MtNENW 20-6S-91W 6th pm
9. County: Garfield 10. Field Name: Mamm Creek
11. Federal, Indian or State Lease Numb: COC 070803

General Notice

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:
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 Longitude Ground Elevation
Distance to nearest property line Distance to nearest lease line Distance to nearest well same formation
Distance to nearest bldg, public rd, utility or RR
Is location in a High Density Area (rule 603b)? Yes/No
Surface owner consultation date:

GPS DATA: Date of Measurement PDOP Reading Instrument Operator's Name

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): Effective Date: Plugging Bond: Blanket Individual
CHANGE WELL NAME: From: To: Effective Date: NUMBER

ABANDONED LOCATION: Was location ever built? Yes No Is 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: 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: 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 E&P Waste Disposal
Change Drilling Plans Repair Well Beneficial Reuse of E&P Waste
Gross Interval Changed? Rule 502 variance requested Status Update/Change of Remediation Plans
Casing/Cementing Program Change Other: Request to complete 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: 7/8/2010 Email: ewinick@billbarrettcorp.com
Print Name: Elaine Winick Title: Senior Permit Analyst

COGCC Approved: Kai J. King Title: EIT III Date: JUL 23 2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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- 1. OGCC Operator Number: 10071 API Number: 05-045-18949
- 2. Name of Operator: Bill Barrett Corporation OGCC Facility ID # N/A 419572
- 3. Well/Facility Name: Jolley Well/Facility Number: 21A-20-691
- 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENW 20-6S-91W 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**

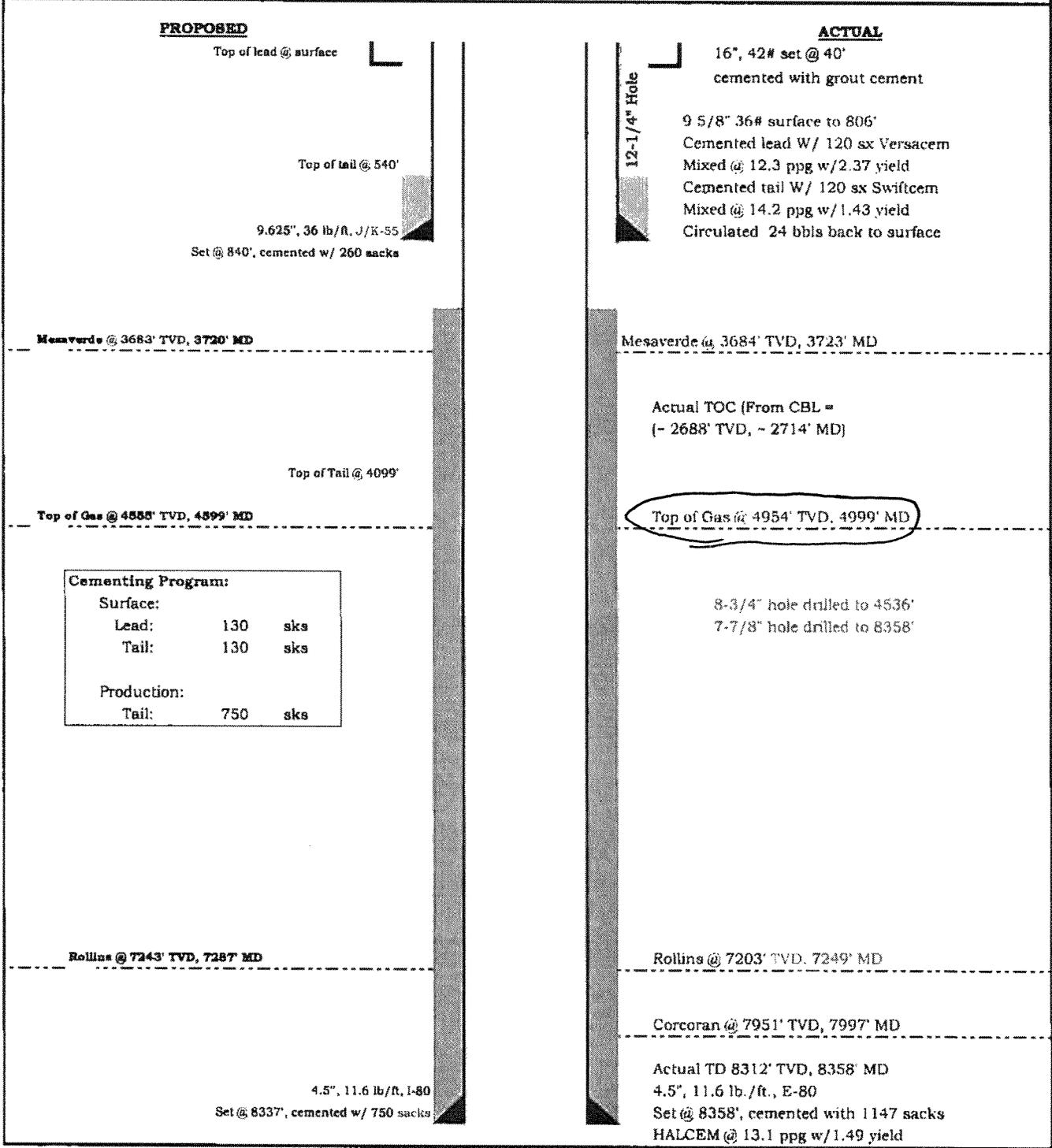
Attached please find:

- 1 page temp survey
- CBL
- Bottomhole pressure survey
- Wellbore Diagram

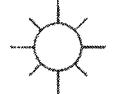
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<b>Well Name:</b>	Jolley 21A-20-691	<b>Bill Barrett Corporation</b>
<b>SHL:</b>	1101' FNL, 1453' FWL, Section 20, T6S-R91W	
<b>BHL:</b>	1184' FNL, 1990' FWL, Section 20, T6S-R91W	

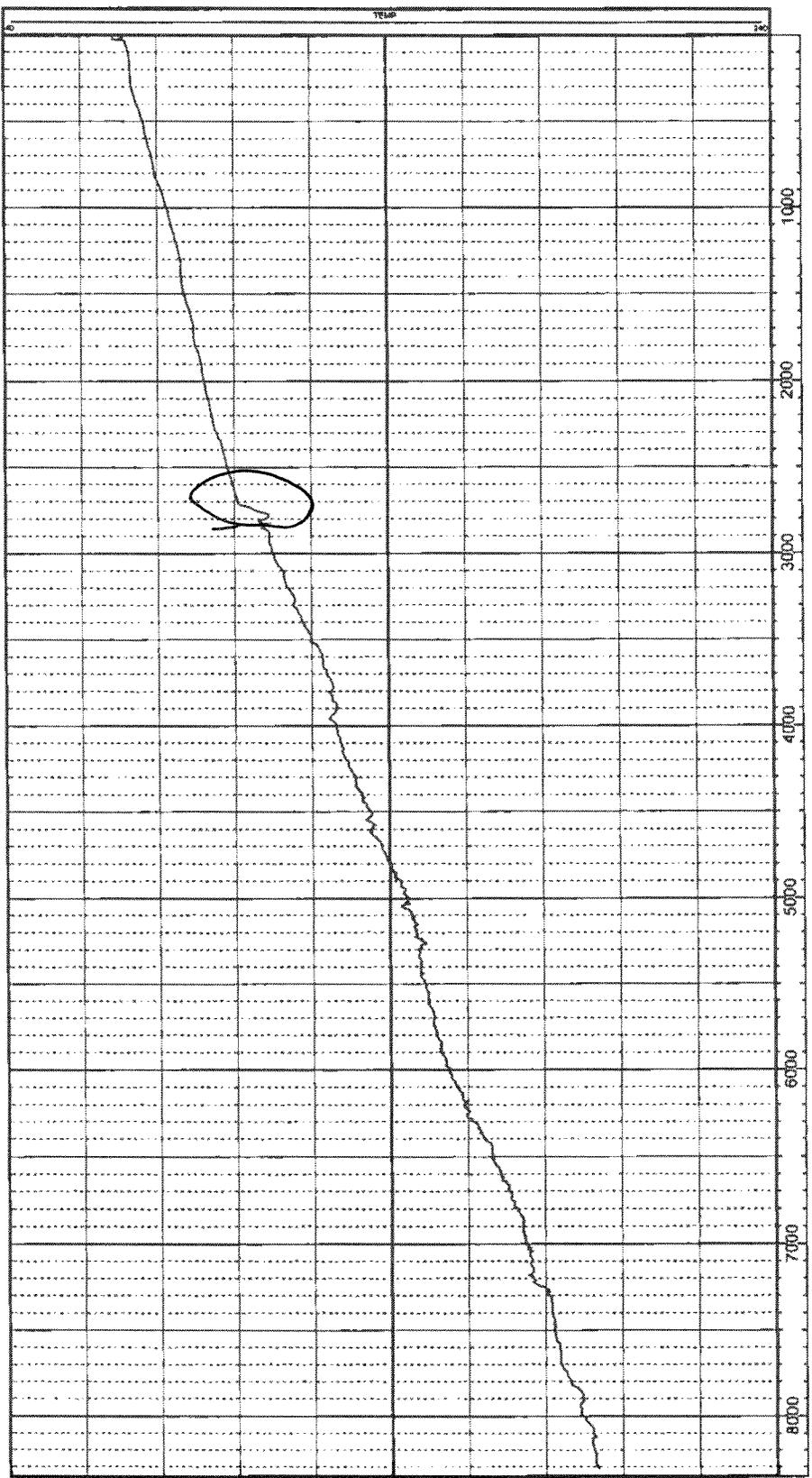
**PROPOSED vs ACTUAL WELLBORE DIAGRAM**



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Jolley  
21A-20-691  
T8S R91W S20  
05045189490000



2750'

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**BILL BARRETT CORPORATION**  
**Bradenhead Pressure Summary**



**Well:** Jolley 21A-20-691  
**Pad:** MDP #12  
**API No:** 05-045-18949  
**Document No:** 1790710

**Bradenhead Pressure Report Following Primary Cement Job**

**Date Cemented:** 5/22/2010  
**Plug Bumped:** 1030 hrs, 5/22/2010  
**Casing Slips Set:** 1100 hrs, 5/22/2010  
**WOC Time:** 4 hrs  
**Temp. Log Run:** 1300 hrs, 5/22/2010

**Bradenhead Pressures**

**6 hrs:** 0 psig  
**12 hrs:** 0 psig  
**24 hrs:** 0 psig  
**48 hrs:** 0 psig  
**72 hrs:** 0 psig

TOC 2760'  
KK

**Comments:**  
Top of cement based on Temperature log: ~ 2,714' MD; Estimated Top of Gas: 4,999' MD.