



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 05-045-18909	OGCC Facility ID Number
6. Well/Facility Name: GGU Fed	7. Well/Facility Number 21A-33-691
8. Location (Qtr, Sec, Twp, Rng, Meridian): NWNW, Sec. 33 T6S, R91W, 6th PM	
9. County: Garfield	10. Field Name: Mamm Creek
11. Federal, Indian or State Lease Number:	

Survey Plat	
Directional Survey	
Surface Equip Diagram	
Technical Info Page	X
Other	X

OGCC/Title Office  
Checklist  
OP OGCC

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SEP 14 2010

General Notice

☐ 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:	FNU/FL	FEL/PWL
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/Tr, 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)? Yes/No ☐

Ground Elevation \_\_\_\_\_ Distance to nearest well same formation \_\_\_\_\_ Surface owner consultation date: \_\_\_\_\_

attach directional survey

GPS DATA:

Date of Measurement \_\_\_\_\_ PDOP Reading \_\_\_\_\_ Instrument Operator's Name \_\_\_\_\_

☐ CHANGE SPACING UNIT

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration
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☐ 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: \_\_\_\_\_

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

\*submit cbl and cement job summaries

Method used	Cementing tool setting/peef depth	Cement volume	Cement top	Cement bottom	Date
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☐ 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.)

<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 checked="" type="checkbox"/> 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: 9/14/2010 Email: ewinick@billbarrettcorp.com

Print Name: Elaine Winick Title: Permit Analyst

OGCC Approved: [Signature] Title: E173 Date: 9/17/10

CONDITIONS OF APPROVAL, IF ANY:

## TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 10071 API Number: 05-045-18909
2. Name of Operator: Bill Barrett Corporation OGCC Facility ID #
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4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW, Sec. 33 T6S, R91W, 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**

The referenced well has been successfully cemented according to the approved plan and a summary of the Bradenhead monitoring. Bill Barrett Corporation requests approval to commence completion operations.

Attachments:

CBL  
AS-BUILT WELLBORE SCHEMATIC  
TEMPERATURE SURVEY  
BRADENHEAD PRESSURE SUMMARY

BHP = all =  $\emptyset$ .

CBL  $\rightarrow$  2960  $\pm$  TOC  
Temp  $\rightarrow$  "close"  $\uparrow$

TOG 5658'

OPR TOC = 2930 (temp)

DJB COGCC  
9/17/2010

RECEIVED

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COGCC/Rifle Office