

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)884-2100 Fax: (303)884-2108

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.)



02054572



RECEIVED

OCT 01 2010

COGCC/Rifle Office

Complete the Attachment
Checklist

OP OGCC

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 05-045-18913		OGCC Facility ID Number	
6. Well/Facility Name: GGU Fed		7. Well/Facility Number 41C-32-691	
8. Location (Qtr, Sec, Twp, Rng, Meridian): NWNW, Sec. 33 T6S, R91W, 6th PM			
9. County: Garfield		10. Field Name: Mann Creek	
11. Federal, Indian or State Lease Number: COC-46972			

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

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:

FNL/FSL				

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)? 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

☐ 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** (0 mos from date casing set)

☐ **SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK**

Method used	Cementing tool setting/part depth	Cement volume	Cement top	Cement bottom	Date

*submit cbl end cement job summaries

☐ **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: 9-22-10 Email: ewinick@billbarrettcorp.com

Print Name: Elaine Winick Title: Permit Analyst

COGCC Approved: [Signature] Title: ETI Date: 10/18/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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1. OGCC Operator Number:	10071	API Number:	05-045-18913
2. Name of Operator:	Bill Barrett Corporation OGCC Facility ID #		
3. Well/Facility Name:	GGU Fed	Well/Facility Number:	41C-32-691
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 $TDC = 2847'$
AS-BUILT WELLBORE SCHEMATIC $\rightarrow 1P TDC = 2830'$
TEMPERATURE SURVEY \rightarrow
BRADENHEAD PRESSURE SUMMARY \rightarrow $q_{11} = \phi$

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COGGS/Rifle Office

Well Name:		GGU Fed 41C-32-691	
SHL:	441' FNL, 254' FWL, Section 33, T6S-R91W		
BHL:	490' FNL, 664' FEL, Section 32, T6S-R91W		



API # -05-045-18913	
Date Created: 9/22/2010	County: Garfield

PROPOSED WELLBORE DIAGRAM
PROPOSED vs ACTUAL WELLBORE DIAGRAM

