



02577452



**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		Complete the Attachment Checklist	OF OGCC
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 05-045-19205		OGCC Facility ID Number		Survey Plat	
6. Well/Facility Name: GGU Federal		7. Well/Facility Number 12C-28-691		Directional Survey	
8. Location (Trqtr, Sec, Twp, Rng, Meridian): SENW, Sec. 28 T6S, R91W, 6th PM				Surface Export Diagram	
9. County: Garfield		10. Field Name: Mammi Creek		Technical Info Page	X
11. Federal, Indian or State Lease Number: COC-41048				Other	X

## General Notice

<input type="checkbox"/> CHANGE OF LOCATION:	Attach New Survey Plat	(e 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, Ring, Mer		
Latitude		
Longitude		
Ground Elevation		
	Distance to nearest property line _____	Distance to nearest bldg, public rd., utility or RR _____
	Distance to nearest lease line _____	is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/>
	Distance to nearest well same formation _____	Surface owner consultation date: _____

attach directional survey

[illegible]

CHANGE SPACING UNIT				Remove from surface bond
Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration

☐ Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):		CHANGE WELL NAME		NUMBER
<input type="checkbox"/>	Effective Date:	<input type="checkbox"/>	From:	
<input type="checkbox"/>	Plugging Bond:	<input type="checkbox"/>	To:	
<input type="checkbox"/>		<input type="checkbox"/>	Effective Date:	

<input type="checkbox"/> <b>ABANDONED LOCATION:</b> 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"/> <b>NOTICE OF CONTINUED SHUT IN STATUS</b> Data well shut in or temporarily abandoned: Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MTT required if shut in longer than two years. Date of last MTT _____
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<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (8 max from data casking set)
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SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	*submit cbl and cement job summaries					
	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 ☐ 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 Flame
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Request to Complete
	<input type="checkbox"/> E&P Waste Disposal
	<input type="checkbox"/> Beneficial Reuse of E&P Waste
	<input type="checkbox"/> 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: Sharon G. Barrett Date: 10-7-10 Email: ewinlck@blllbarrettcorp.com

Print Name: Elaine Winick Title: Permit Analyst

COGCC Approved: ( ) V R Title: FIT3 Date: 10/28/2010

**CONDITIONS OF APPROVAL, IF ANY:**

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED  
OCT 18 2010  
COGCC/Rifle Office

1. OGCC Operator Number: 10071 API Number: 05-045-19205
2. Name of Operator: Bill Barrett Corporation OGCC Facility ID #
3. Well/Facility Name: GGU Federal Well/Facility Number: 12C-28-691
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW, Sec. 28 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 → 2978 TOC  
AS-BUILT WELLBORE SCHEMATIC → TOC  
TEMPERATURE SURVEY → TOC  
BRADENHEAD PRESSURE SUMMARY → TOC

TOC 5130' (S142)

SGK, L COGCC 10/28/2010