

## 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 16th Street, Suite 2300		Phone: (303) 312-8168	
City: Denver State: CO Zip: 80202		Fax: (303) 291-0420	
5. API Number 05-045-19211		OGCC Facility ID Number	
6. Well/Facility Name: GGU Federal		7. Well/Facility Number 12D-28-691	
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SENW, Sec. 28 T6S, R91W, 6th PM			
9. County: Garfield		10. Field Name: Mamm Creek	
11. Federal, Indian or State Lease Number: COC-41048			

Complete the Attachment Checklist

OP OGCC

Survey Plat	
Directional Survey	
Surface Exptmt 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:	FNLFSL				FELFWL	
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 ☐ 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:**☐ **REQUEST FOR CONFIDENTIAL STATUS** (if reqd 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

\*submit cbi and 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.)

☐ **Intent to Recomplete** (submit form 2)☐ Change Drilling Plans☐ Gross Interval Changed?☐ Casing/Cementing Program Change☐ Request to Vent or Flare☐ Repair Well☐ Rule 502 variance requested☒ Other: Request to Complete☐ 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 WinickDate: 10-11-10Email: ewinick@billbarrettcorp.comPrint Name: Elaine WinickTitle: Permit AnalystCOGCC Approved: [Signature]Title: ET-3Date: 10/28/2010

CONDITIONS OF APPROVAL, IF ANY:



02577451



RECEIVED

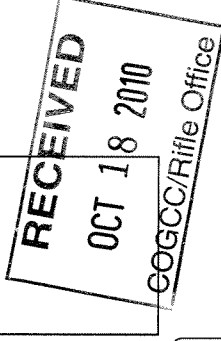
OCT 18 2010

COGCC/Battle Office

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



1. OGCC Operator Number:	10071	API Number:	05-045-19211
2. Name of Operator:	Bill Barrett Corporation		
		OGCC Facility ID #	
3. Well/Facility Name:	GGU Federal	Well/Facility Number:	12D-28-691
4. Location (Qtr, 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  
AS-BUILT WELLBORE SCHEMATIC  
TEMPERATURE SURVEY  
BRADENHEAD PRESSURE SUMMARY

TOC = 2817' ±  
~ 2790' ±  
→ all Q.

TOG ≈ 3175 (5172)

OGCC Rifle 10/28/2010