

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 901, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



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**RECEIVED**

NOV 02 2010

COGCC/Rifle Office

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: Brady Riley
2. Name of Operator: Bill Barrett Corporation	Phone: (303) 312-8115
3. Address: 1099 18th Street, Suite 2300	Fax: (303) 291-0420
City: Denver State: CO Zip: 80202	
5. API Number 05- 045-19452	OGCC Facility ID Number
6. Well/Facility Name: GGU Barge	7. Well/Facility Number 22D-32-691
8. Location (Qtr/Clr, Sec, Twp, Rng, Meridian): SENW, Sec. 32 T6S, R91W, 6th PM	
9. County: Garfield	10. Field Name: Mammoth Creek
11. Federal, Indian or State Lease Number:	

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/Clr is substantive and requires a new permit) FEL/PWL

Change of Surface Footage from Exterior Section Lines:	FNLFSL				
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/Clr, 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: Yes No

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: From: To: Effective Date:

Plugging Bond: ☐ Blanket ☐ Individual

☐ **ABANDONED LOCATION:**

Was location ever built? ☐ Yes ☐ No

Is site ready for inspection? ☐ Yes ☐ No

Date Ready for inspection: 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/perf 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:

Brady Riley

Date: 11/1/2010 Email: briley@billbarrettcorp.com

Print Name: Brady Riley

Title: Permit Analyst

COGCC Approved:

E.T.3

Title: Date: 11/4/2010

CONDITIONS OF APPROVAL IF ANY:



FOR OGCC USE ONLY

TECHNICAL INFORMATION PAGE

1. OGCC Operator Number:	10071	API Number:	05-045-19452
2. Name of Operator:	Bill Barrett Corporation		
3. Well Name:	GGV Barge	Well Number:	22D-32-691
4. Location: (QtrQtr, Sec, Twp, Rng, Mer):	36NW, Sec. 32, T6S, R91W, 6th PM		

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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.

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 → "good" TOC 2845,

AS-BUILT WELLBORE SCHEMATIC

TEMPERATURE SURVEY → 2800' TOC

BRADENHEAD PRESSURE SUMMARY → ALL = Ø

TOG @ ~ 4880

RL

COGCC

11/4/2010