



01241809



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 Corp	Valerie A. Walker	
3. Address:	1099 18th Street Suite 2300	Phone:	303-312-8531
City:	Denver	State:	CO
Zip	80202	Fax:	303-291-0420
5. API Number	05- 045-18657	OGCC Facility ID Number	
6. Well/Facility Name:	Miller Federal	Well/Facility Number	24A-31-691
8. Location (Qtr/4, Sec, Twp, Rng, Meridian):	NWSE (Lot 2) 6-7S-91W	6th PM	
9. County:	Garfield	10. Field Name:	Mamm Creek
11. Federal, Indian or State Lease Number:	COC 66576		

General Notice

<input type="checkbox"/> CHANGE OF LOCATION:	Attach New Survey Plat	(a change of surface qtr/4 is substantive and requires a new permit)
Change of Surface Footage from Exterior Section Lines:		FE/LFWSL
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/4, Sec, Twp, Rng, Mer		attach directional survey
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)?
Distance to nearest well same formation		Surface owner consultation date:
Yes/No		Yes/No
GPS DATA:		
Date of Measurement	PDOP Reading	Instrument Operator's Name
<input type="checkbox"/> CHANGE SPACING UNIT		
Formation	Formation Code	Spacing order number
Unit Acreage	Unit configuration	
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):		
Effective Date:		
Plugging Bond:	<input type="checkbox"/> Blanket <input type="checkbox"/> Individual	
<input type="checkbox"/> ABANDONED LOCATION:		
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"/> SPUD DATE:		
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK		
Method used	Cementing tool setting/perf depth	Cement volume
Cement top	Cement bottom	Date
<input type="checkbox"/> RECLAMATION:	Attach technical page describing final reclamation procedures per Rule 1004.	
Final reclamation will commence on approximately		
<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.		

Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent	
Approximate Start Date:	12/15/2010
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 checked="" type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input checked="" type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other:
<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:

Valerie A. Walker

Date: 12/6/2010

Email: vwalker@billbarrettcorp.com

Print Name:

Valerie A. Walker

Title: permit analyst

OGCC Approved:

[Signature]

Title

EUT3

Date: 12/6/2010

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
DEC 06 2010

OGCC/Rifle Office

Complete the Attachment
Checklist

OP OGCC

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED
DEC 06 2010
OGCC/Rifle Office

- OGCC Operator Number: 10071 API Number: 05-045-18657
- Name of Operator: Bill Barrett Corp OGCC Facility ID #
- Well/Facility Name: Miller Federal Well/Facility Number: 24A-6-791
- Location (Qtr, Sec, Twp, Rng, Meridian): NWSE (lot 2) 6-7S-91W 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

Propose to deepen well to test Cozzette/Corcoran.

Surface casing has been pre-set at 769' from surface (792' from KB). Proposed new TVD 788g' from KB. BBC plans to complete the section between the top of gas and 7690 feet (TVD). The additional rat-hole allows BBC to set a shoe and still get tools downhole and complete the lles.

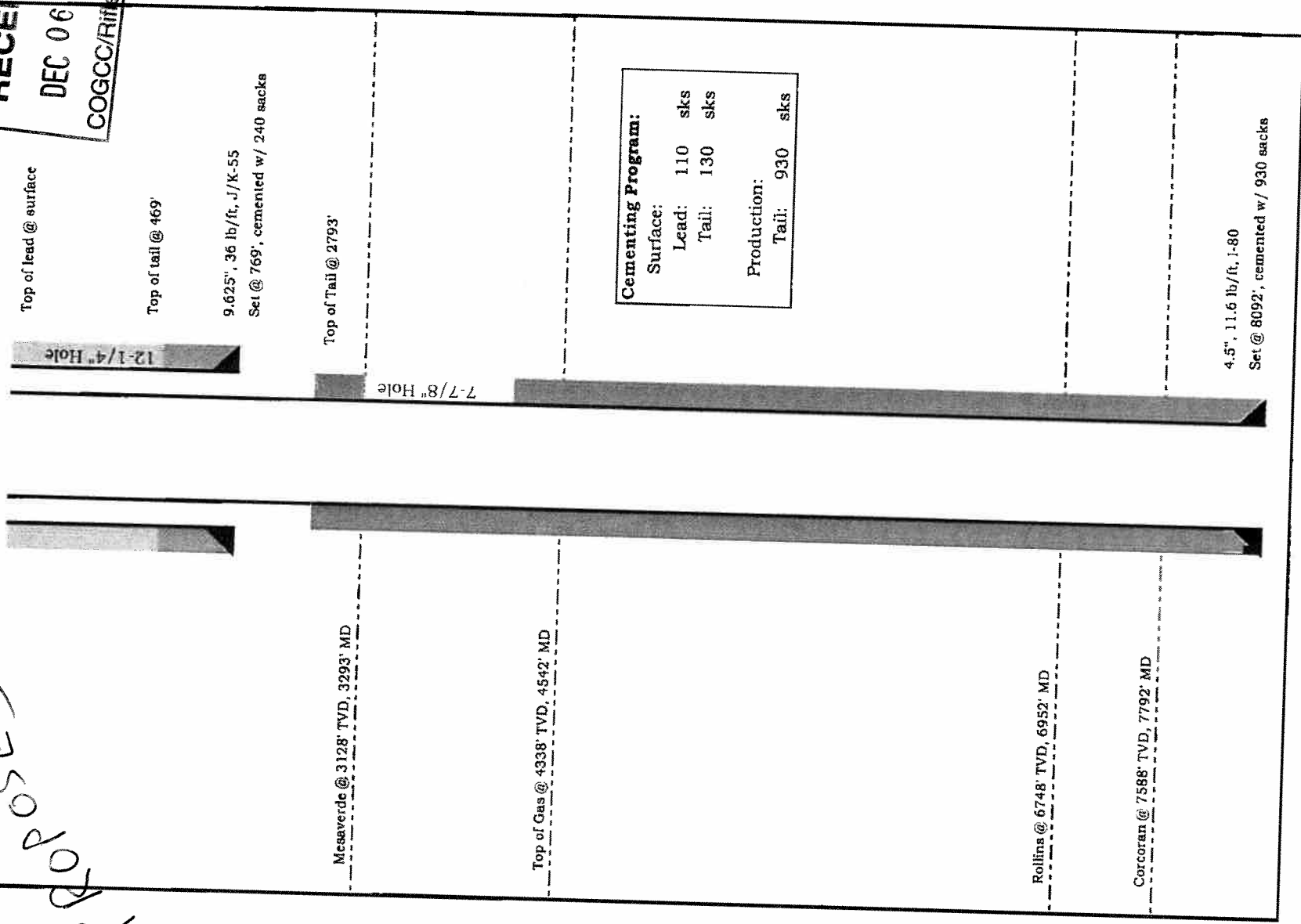
New casing/cement plan has production casing cemented to 500 feet above top of Mesaverde. New casing cement plan assumes 7 7/8 hole from surface casing to TD.

String	Size of Hole	Size of Casing	Height Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
cond	26	16	42	40		40	
surf	12 1/4	9 5/8	36	769 (781)	240	769 (781)	0
1st	7 7/8	4 1/2	11.5	8092	930	8092	2793
			Stage Tool				

Miller Federal 24A-31-692		BILL BARRETT CORPORATION	
Cement calculations Top of Mesaverde Area			

PROPOSED

RECEIVED
DEC 06 2010
COGCC/Rifle Office



Cementing Program:
 Surface:
 Lead: 110 sks
 Tail: 130 sks
 Production:
 Tail: 930 sks