

State of Colorado
Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone (303)894-2100 Fax (303)894-2109

RECEIVED
JUL 25 2011
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: Mary Pobuda	Complete the Attachment Checklist OP OGCC
2 Name of Operator: Bill Barrett Corporation	Phone: (303)312-8511	
3 Address: 1099 18th Street, Suite 2300 City: Denver State: CO Zip: 80202	Fax: (303)291-0420	
5 API Number 05- _____ OGCC Facility ID Number 423309	Survey Plat	
6 Well/Facility Name: Kaufman Pad #3 7 Well/Facility Number _____	Directional Survey	
8 Location (Ctr/Ctr, Sec, Twp, Rng, Meridian) Lot 2, Sec 30, T6S, R91W, 6th PM	Surface Eqmpt Diagram	
9 County: Garfield 10 Field Name: Mamm Creek	Technical Info Page	X
11. Federal, Indian or State Lease Number: _____	Other	

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface quarter is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	FNL/FSL	FEL/FWL
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 Ctr/Ctr, 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: _____

GPS DATA:
Date of Measurement _____ POOP 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: _____ NUMBER _____
From: _____
To: _____
Effective Date: _____

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 (if more than date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries
Method used _____ Cementing tool setting/part 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 Approximate Start Date: 04/01/2012
 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 for Spills and Releases
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Tertiary Containment Plan	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Mary Pobuda Date: 7-20-11 Email: mpobuda@billbarrettcorp.com
Print Name: Mary Pobuda Title: Permit Analyst

COGCC Approved: David Kelso Title: Location Assessment Specialist Date: 7-25-11

CONDITIONS OF APPROVAL, IF ANY:

FORM
4
Rev 12/05

Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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1	OGCC Operator Number: <u>10071</u>	API Number: _____
2	Name of Operator: <u>Bill Barrett Corporation</u>	OGCC Facility ID #: <u>423309</u>
3	Well/Facility Name: <u>Kaufman Pad #3</u>	Well/Facility Number: _____
4	Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>Lot 2, Sec 30, T6S, R91W, 8th PM</u>	

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 following are the secondary/tertiary containment design features and plans for this location –

- When the well pad is constructed, a berm will be constructed around the perimeter of the pad to contain any spills that may occur. The berm will be matted.
- Standard stormwater BMPs will be implemented at this location, as necessary, to insure compliance with CDPHE and COGCC requirements.
- One of BBC's spill response trailers will be located at this well pad during all drilling and completion operations to facilitate a timely response to any spills that may occur.
- BBC will stage appropriate heavy equipment (e.g. a backhoe) at this location during drilling and completion operations so that any emergency diversions or pits to contain spills can be built quickly.
- All personnel working at this location during drilling and completion operations will receive training on spill reporting and response in accordance with BBC's Piceance Operations Emergency Response Plan. This plan includes notification of downstream water users in the event of a spill that has the potential to impact surface water. Documentation of this training will be maintained in BBC's Silt office.
- Minimum of weekly spill prevention meetings identifying staff responsibilities to provide a quick and effective response to a spill with appropriate documentation being retained in BBC's Silt office.
- All appropriate chemicals/hazardous materials will be placed in qualified containments.