

State of Colorado

Oil and Gas Conservation Comm.

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2102

SUNDRY NOTICE



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COGCC/Rifle Office

Complete the Attachment
Checklist

OP OGCC

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 | | Matt Barber |
| 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- U45-T7735 | OGCC Facility ID Number | |
| 6. Well/Facility Name: | Miller | 7. Well/Facility Number | 33A-36-692 |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): | SESW, Sec. 36, T6S, R92W, 6th PM | | |
| 9. County: | Garfield | 10. Field Name: | Mamm Creek |
| 11. Federal, Indian or State Lease Number: | | | |

| | |
|----------------------|---|
| Survey Plat | |
| Directional Survey | |
| Surface Eqpm Diagram | |
| Technical Info Page | ✓ |
| Other | |

General Notice

| | | |
|---|---|--|
| <input type="checkbox"/> 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: | 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 Qtr/Qtr, Sec, Twp, Rng, Mer | | attach directional survey |
| 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)? |
| Ground Elevation | Distance to nearest well same formation | Surface owner consultation date: |

GPS DATA:

| | | |
|---------------------|--------------|----------------------------|
| Date of Measurement | PDOP Reading | Instrument Operator's Name |
|---------------------|--------------|----------------------------|

| | | | |
|--|---|--------------|--------------------|
| <input type="checkbox"/> CHANGE SPACING UNIT | <input type="checkbox"/> Remove from surface bond | | |
| Formation | Spacing order number | Unit Acreage | Unit configuration |

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

| | |
|--|---|
| <input type="checkbox"/> ABANDONED LOCATION: | <input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS |
| Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date well shut in or temporarily abandoned: |
| Is site ready for Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Ready for Inspection: | MIT required if shut in longer than two years. Date of last MIT |

| | | | | | |
|--|---|---------------|------------|---------------|------|
| <input type="checkbox"/> SPUD DATE: | <input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set) | | | | |
| <input type="checkbox"/> 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 |

| | |
|--|---|
| <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 type="checkbox"/> Notice of Intent | <input type="checkbox"/> Report of Work Done |
| Approximate Start Date: | 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: | Matt Barber | Date: | 03/02/2010 | Email: | mbarber@billbarrettcorp.com |
| Print Name: | Matt Barber | Title: | Permit Analyst | | |

Digitally signed by Matt Barber
DN: cn=Matt Barber, o=Oil and Gas
Conservation Commission, ou=OGCC

| | | | | | |
|---------------------------------|----------------|-------|---------|------|-------------|
| COGCC Approved: | <i>Ken Kij</i> | Title | EIT III | Date | MAR 04 2010 |
| CONDITIONS OF APPROVAL, IF ANY: | | | | | |



TECHNICAL INFORMATION PAGE

| | |
|-------------------|--|
| FOR OGCC USE ONLY | |
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| MAR 03 2010 | |
| OGCC/Rifle Office | |

| | |
|---|--------------------------|
| 1. OGCC Operator Number: 10071 | API Number: 05-045-17735 |
| 2. Name of Operator: Bill Barrett Corporation | |
| 3. Well Name: Miller | Well Number: 33A-36-692 |
| 4. Location: (QtrQtr, Sec, Twp, Rng, Mer): SWSE, Sec. 36, T6S, R92W | |

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

AS-BUILT WELLBORE SCHEMATIC

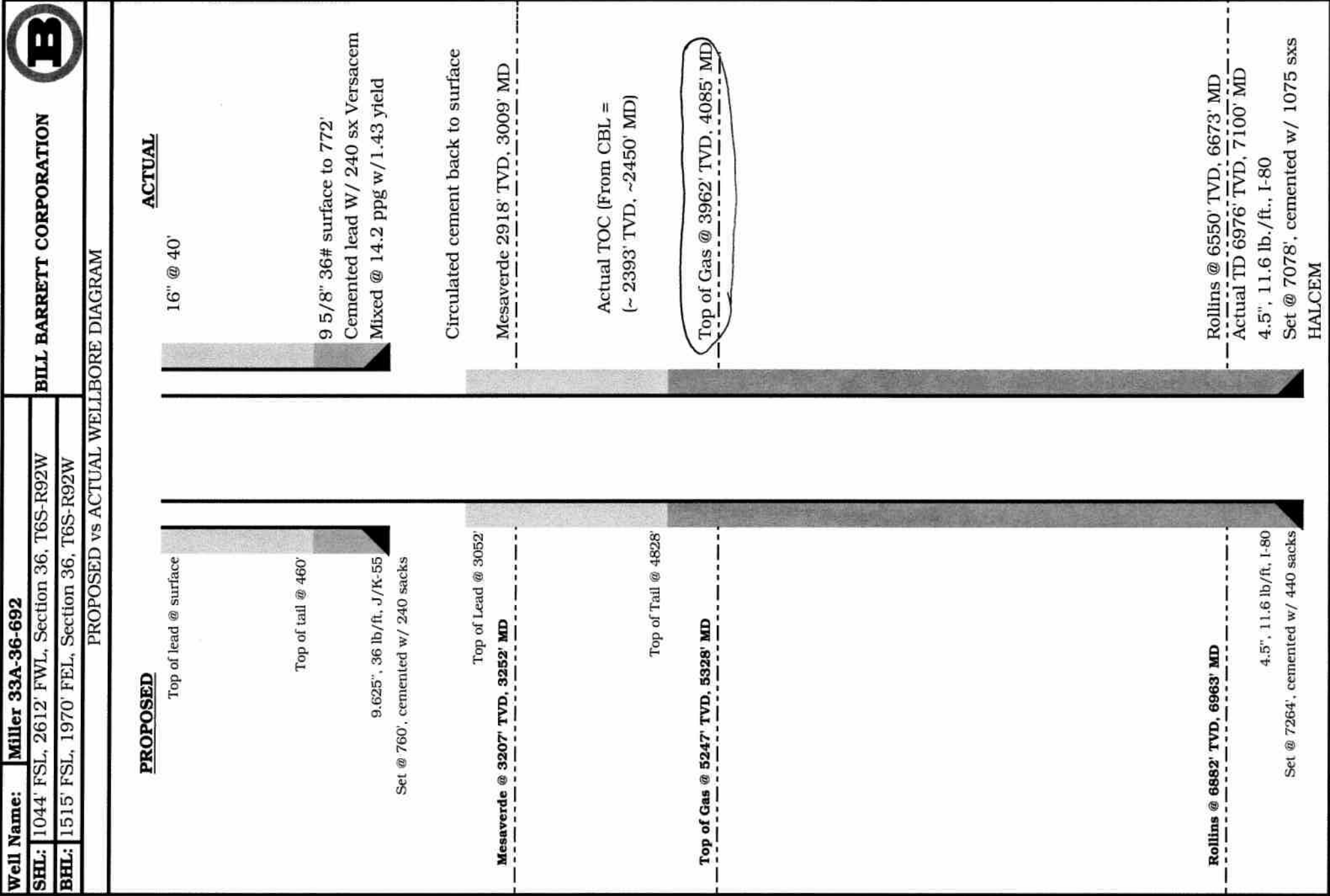
TEMPERATURE SURVEY

BRADENHEAD PRESSURE SUMMARY

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BILL BARRETT CORPORATION

Bradenhead Pressure Summary



Well: Miller 33A-36-692
Pad: 34A-36-692
API No: 05-045-17735
Permit No: 20086384

Bradenhead Pressure Report Following Primary Cement Job

Date Cemented: 11/10/2009
Plug Bumped: 1200 hrs, 11/10/2009

WOC Time: 2.5 hrs.

Temp. Log Run: 1700 hrs, 11/10/2009

Casing Slips Set: 1430 hrs, 11/10/2009

Bradenhead Pressures

| | | |
|---------|---|------|
| 6 hrs: | 0 | psig |
| 12 hrs: | 0 | psig |
| 24 hrs: | 0 | psig |
| 48 hrs: | 0 | psig |
| 72 hrs: | 0 | psig |

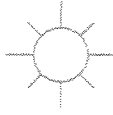
TOC 2500'

KK

Comments:

Top of cement based on Temperature log: ~ 2,450' MD; Estimated Top of Gas: ~4,085' MD.

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Miller
33A-36-692
T6S R92W S36
05045177350000

