

FORM

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Rev 12/05

State of Colorado

PILOT

Oil and Gas Conservation Commission

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



RECEIVED

MAR 13 2009

COGCC

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.)

COPY

1. OGCC Operator Number: 10071	4. Contact Name: Tracey Fallang	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Bill Barrett Corporation	Phone: 303-312-8134	
3. Address: 1099 18th Street, Suite 2300	Fax: 303-291-0420	
City: Denver State: CO Zip: 80202		
5. API Number 05-03-06157-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Knuckles	7. Well/Facility Number 2N-11-39-18	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWNE, Sec. 11, T39N-R18W, NMPM		Surface Eqpm Diagram
9. County: Dolores	10. Field Name: 99999	Technical Info Page
11. Federal, Indian or State Lease Number:		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:	attach directional survey
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	
Latitude	Distance to nearest property line
Longitude	Distance to nearest bldg, public rd, utility or RR
Ground Elevation	Distance to nearest lease line
	Is location in a High Density Area (rule 603b)? Yes/No
	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 Formation Code Spacing order number Unit Acreage Unit configuration	Signed surface use agreement attached
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME
Effective Date:	From:
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To:
	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 checked="" type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (8 mos from date casing set)
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	
Method used	*submit cbl and cement job summaries
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"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input 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: Tracey Fallang

Date: 3/5/09 Email: tfallang@billbarrettcorp.com

Print Name: Tracey Fallang

Title: Regulatory Analyst

COGCC Approved:

Title: ET2

Date: 5/20/09

CONDITIONS OF APPROVAL, IF ANY: