

State of Colorado
Oil and Gas Conservation Commission

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



DOCUMENT #2215141

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RECEIVED 7/26/2011			

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 Scott Ghan
2. Name of Operator: Bill Barrett Corporation	Phone: 970-876-1959
3. Address: 112 Red Feather Trail City: Silt State: CO Zip: 81652	Fax: 970-876-0981
5. API Number 05-045-18660	OGCC Facility ID Number
6. Well/Facility Name: Miller Federal	7. Well/Facility Number 24D-31-691
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE 6 7S 91W 6 PM	
9. County: GARFIELD	10. Field Name: MAMM CREEK
11. Federal, Indian or State Lease Number:	

Complete the Attachment Checklist

OP OGCC

Survey Plat		
Directional Survey		
Surface Eqpmt Diagram		
Technical Info Page		
Other		

General Notice

☐ 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

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 PDOP 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
From:
To:
Effective Date:

NUMBER

☐ 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 (6 mos from date casing set)

☐ SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
Method used Cementing tool setting/perf depth Cement volume Cement top Cement bottom Date

*submit cbl and cement job summaries

☐ 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: Waste Management Plan	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: Scott Ghan	Date: 7/26/2011	Email: sgghan@billbarrettcorp.com
Print Name: Scott Ghan	Title: Environmental Health & Safety Coordinator	

COGCC Approved: Title Date: 7/27/2011

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1.	OGCC Operator Number:	10071	API Number:	05-045-18660
2.	Name of Operator:	Bill Barrett Corporation	OGCC Facility ID #	
3.	Well/Facility Name:	Miller Federal	Well/Facility Number:	24D-31-691
4.	Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWSE 6 7S 91W 6 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**

Bill Barrett Corporation (BBC) discovered a release at the Miller 10 pad on 4/19/2011 from a 6-inch diameter condensate/produced water line. Following removal of condensate/produced water from the pad surface by a vacuum truck, BBC contractors delineated the extent of soil impact via excavation.

Approximately 396 cubic yards of impacted soil were excavated from the spill area and are currently being landfarmed in a lined containment onsite. The impacted soil will remain in the containment until it has been demonstrated to the COGCC that Table 910-1 analytes are in compliance. At that time, a Form 27 will be submitted requesting No Further Action.