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FORM 4  
Rev 12/05

State of Colorado  
Oil and Gas Conservation Commission

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



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JUN 14 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
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: 05-045-19513-00	OGCC Facility ID Number: _____
6. Well/Facility Name: Miller	7. Well/Facility Number: 14A-31-691
8. Location (Qtr/Qt, Sec, Twp, Rng, Meridian): NESW, Sec. 31, T6S, R91W, 6th PM	Survey Plat: _____
9. County: Garfield	10. Field Name: 52500
11. Federal, Indian or State Lease Number: _____	Directional Survey: _____
	Surface Eqmpt Diagram: _____
	Technical Info Page: <input checked="" type="checkbox"/>
	Other: <input checked="" type="checkbox"/>

Complete the Attachment  
Checklist

OP OGCC

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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Qt, 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 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  
Data 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 (8 miles from data casing well)

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

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 for Spills and Releases
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Request to Complete	

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: 06/13/2011 Email: mpobuda@billbarrettcorp.com  
Print Name: Mary Pobuda Title: Permit Analyst

COGCC Approved: [Signature] Title: EIT 3 Date: 6/17/11  
CONDITIONS OF APPROVAL, IF ANY:

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TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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1. OGCC Operator Number: <u>10071</u>	API Number: <u>05-045-19513</u>
2. Name of Operator: <u>Bill Barrett Corporation</u>	OGCC Facility ID # _____
3. Well/Facility Name: <u>Miller</u>	Well/Facility Number: <u>14A-31-691</u>
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESW Sec. 31, 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 referenced well has been successfully cemented according to the approved plan and summary of 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 14A-31-691  
**Pad:** Miller #5  
**API No:** 05-045-19513  
**Document No:** 400049391

**Bradenhead Pressure Report Following Primary Cement Job**

**Date Cemented:** 5/22/2011  
**Plug Bumped:** 2030 hrs, 5/22/2011  
**Casing Slips Set:** 0230 hrs, 5/23/2011  
**WOC Time:** 5 hrs  
**Temp. Log Run:** 0600 hrs, 5/23/2011

**Bradenhead Pressures**

<b>6 hrs:</b>	25	psig	
<b>12 hrs:</b>	25	psig	bled off to 0 psi
<b>24 hrs:</b>	0	psig	
<b>48 hrs:</b>	0	psig	
<b>72 hrs:</b>	0	psig	

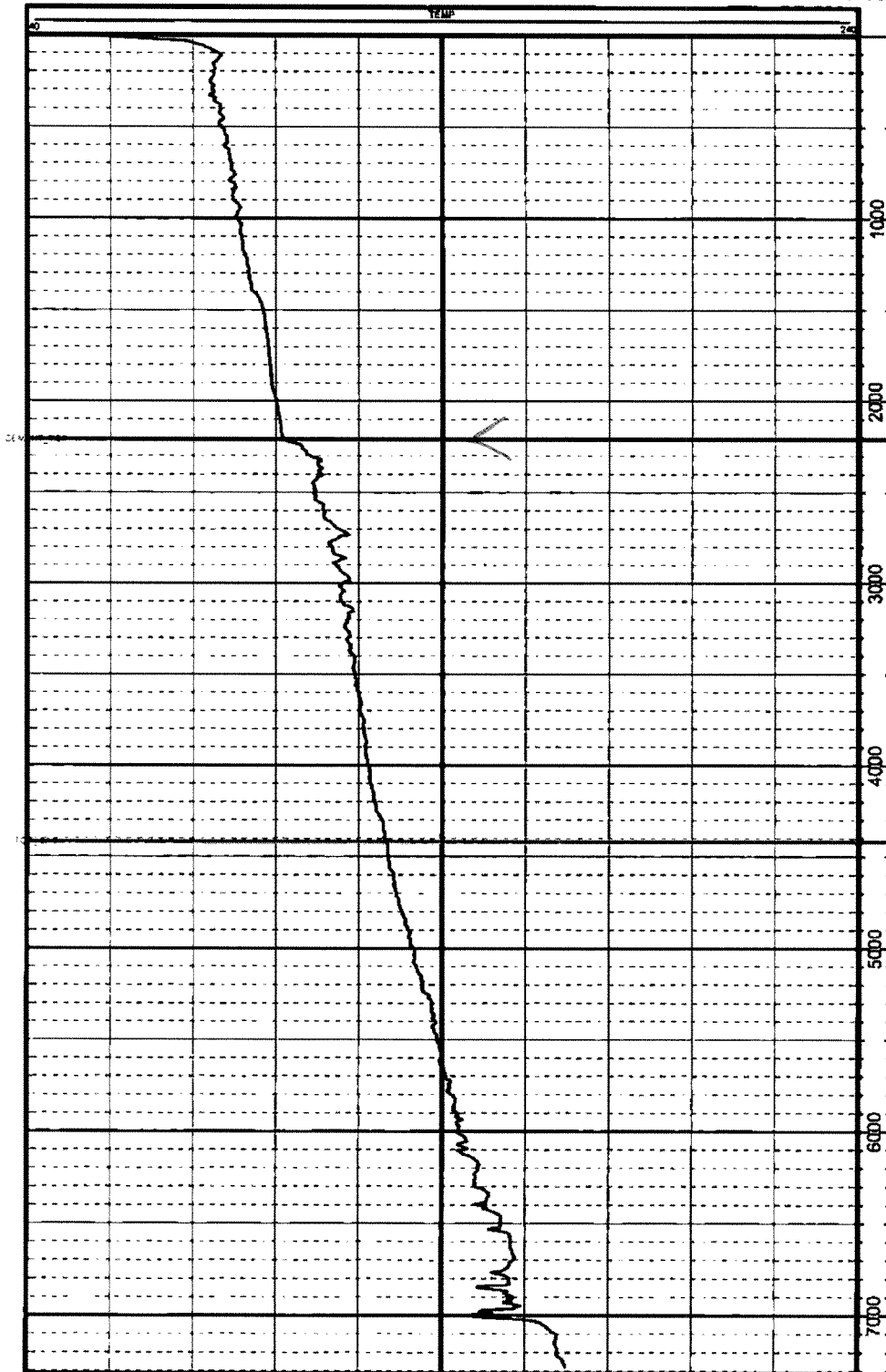
**Comments:**

Top of cement based on Temperature log: ~2210' MD; Estimated Top of Gas: 4420' MD.

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Miller  
14A-31-691  
T6S R91W S31  
05045195130000



ToC ~ 2200'  
JSE  
6/17/11

