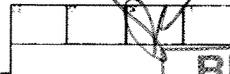




State of Colorado
Oil and Gas Conservation Commission

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



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	Fax: 303-291-0420		
City: Denver State: CO Zip: 80202			
5. API Number: 05-045-19508-00	OGCC Facility ID Number	Survey Plat	
6. Well/Facility Name: Miller	Well/Facility Number: 14C-31-691	Directional Survey	
8. Location (Qtr/Clr, Sec, Twp, Rng, Meridian): NESW, Sec. 31, T6S, R91W, 6th PM		Surface Eqpm Diagram	
9. County: Garfield	10. Field Name: 52500	Technical Info Page	X
11. Federal, Indian or State Lease Number:		Other	X

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	FNU/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/Clr, 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)? Yes/No: _____
Ground Elevation: _____ Distance to nearest well casing formation: _____ Surface owner consultation date: _____

GPS DATA:
Date of Measurement: _____ PDCP Reading: _____ Instrument Operator's Name: _____

CHANGE SPACING UNIT

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration	<input type="checkbox"/> 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 from data casing see)

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:

FORM
4
Rev 12/05

Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: <u>10071</u>	API Number: <u>05-045-19508</u>
2. Name of Operator: <u>Bill Barrett Corporation</u>	OGCC Facility ID # _____
3. Well/Facility Name: <u>Miller</u>	Well/Facility Number: <u>14C-31-691</u>
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NESW Sec. 31, T6S, R91W, 6th PM</u>	

RECEIVED
JUN 14 2011
COGCC/Rifle Office

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

Well Name:	Miller 14C-31-691	BILL BARRETT CORPORATION
SHL:	NESW, Sec. 31, T6S, R91W 6th PM	date updated 6/13/2011
		updated by Mary Pobuda

05-045-19508 AS DRILLED

Top of lead @ surface

9.625", 36 lbs/ft, J-55

12-1/4" Hole

SPUD 7/31/2010
TD 4/10/2011

set @ 730

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 JUN 14 2011
 COGCC/Rifle Office

Drilled 8 3/4" hole from base surface casing
to 0 MD
then drilled 7 7/8" hole to TD

Messverde 9171 MD 3006 TVD

Top of tail cement @ 2200 MD 2168 TVD

Top of Gas 4183 MD 3961 TVD

Cementing Program:		
Surface:		
Lead:	120	sks
Tail:	120	sks
Production:		
Tail:	1015	sks

Redline 6821 MD 6598 TVD

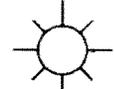
4.5", 11.6 lbs/ft, E-80

TD 7120 MD 6897 TVD

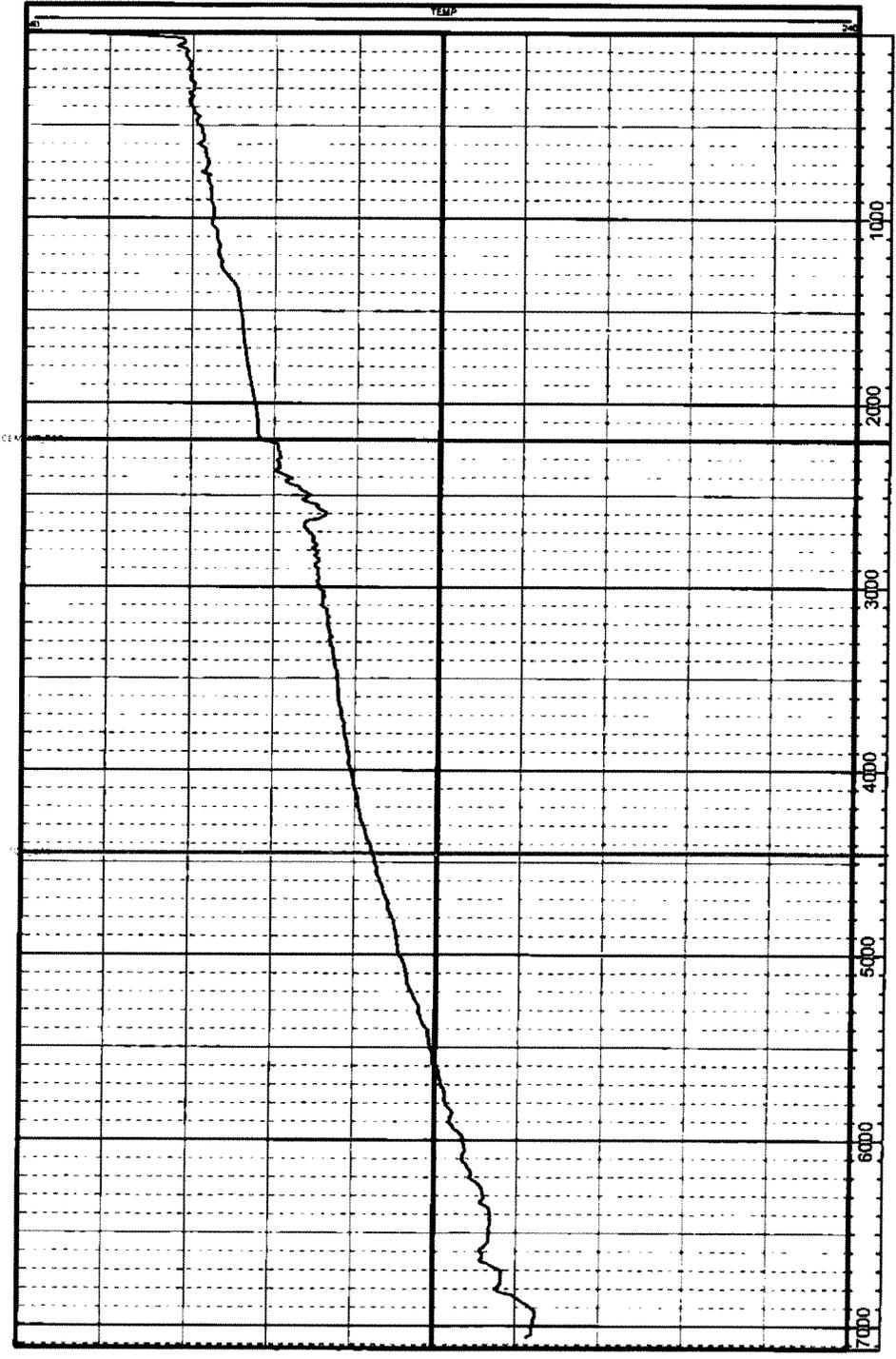
set @ 7109 MD

NOT TO SCALE

RECEIVED
JUN 14 2011
COGCC/Rifle Office



Miller
14C-31-691
T6S R91W S31
05045195080000



RECEIVED

JUN 14 2011

COGCO/Title Office



BILL BARRETT CORPORATION
Bradenhead Pressure Summary

Well: Miller 14C-31-691
Pad: Miller #5
API No: 05-045-19508
Document No: 400054200

Bradenhead Pressure Report Following Primary Cement Job

Date Cemented: 4/15/2011
Plug Bumped: 2200 hrs, 4/15/2011
Casing Slips Set: 0300 hrs, 4/16/2011
WOC Time: 5.5 hrs
Temp. Log Run: 0600 hrs, 4/16/2011

Bradenhead Pressures

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

Comments:

Top of cement based on Temperature log: ~2200' MD; Estimated Top of Gas: 4452' MD.