

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)294-2100 Fax: (303)294-2100



02121396



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FEB 23 2012

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	Complete the Attachment Checklist
2. Name of Operator: BHI Barrett Corporation	Phone: 303-312-8511	
3. Address: 1099 16th Street, Ste. 2300	City: Denver State: CO Zip: 80202	OP OGCC
5. API Number: 05-045-20122	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: CBS	7. Well/Facility Number: 31B-21-692	Directional Survey
8. Location (Qtr/Otr, Sec, Twp, Rng, Meridian): SWNE Sec. 21 T6S, R92W 6th PM		Surface Exempt Diagram
9. County: Garfield	10. Field Name: Mamm Creek	Technical Info Page
11. Federal, Indian or State Lease Number:		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:	FML/FBL	FEL/FML
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/Otr, Sec, Twp, Rng, Mer: _____
Latitude: _____ Distance to nearest property line: _____ Distance to nearest bldg, public rd, utility or PRR: _____
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
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 (8 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cdl and cement job summaries

Method used	Cementing tool setting/parf 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: 2/27/12 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: 2/22/12 Email: mpobuda@bhibarrettcorp.com
Print Name: Mary Pobuda Title: Permit Analyst

COGCC Approved: [Signature] Title: NJWAE Date: 2/23/12
CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



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1. OGCC Operator Number:	10071	API Number:	05-045-20122
2. Name of Operator:	Bill Barrett Corporation	OGCC Facility ID #	
3. Well/Facility Name:	CBS	Well/Facility Number:	31B-21-692
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SWNE Sec. 21 T6S, R92W 6th 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

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:

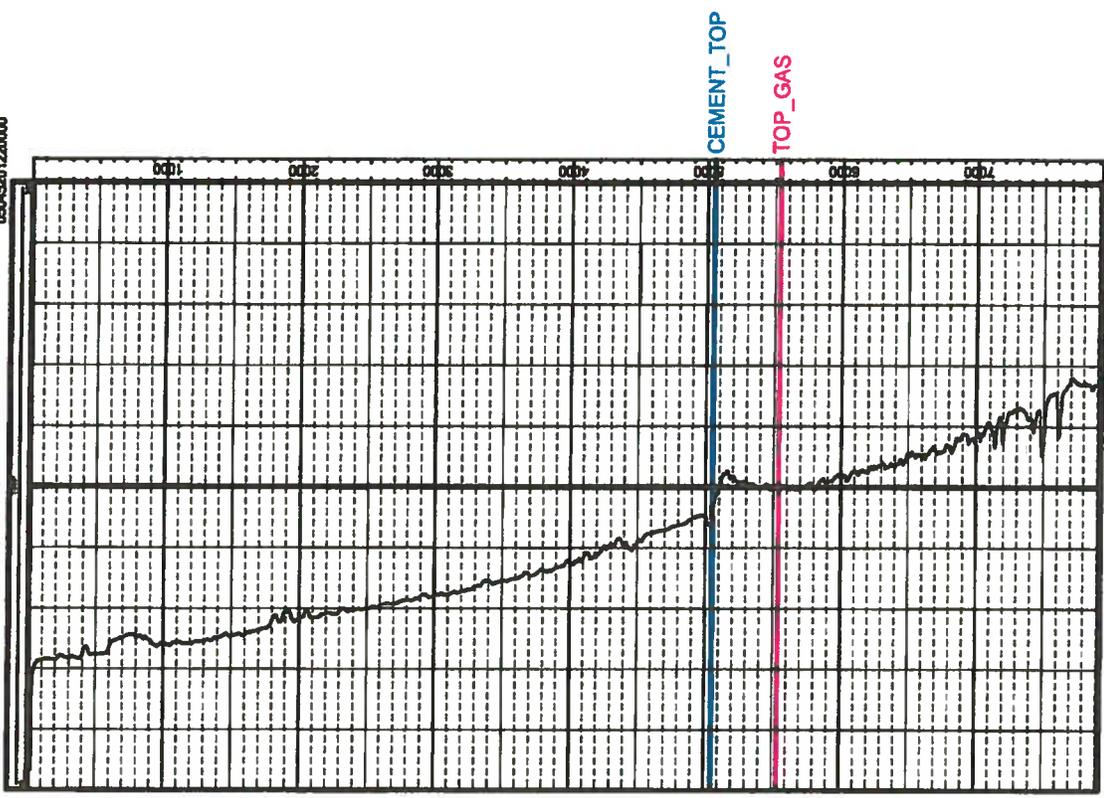
- CBL
- AS-BUILT WELLBORE SCHEMATIC
- TEMPERATURE SURVEY
- BRADENHEAD PRESSURE SUMMARY

→ TUC = 5055'

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CSLS
3115-21-462
TRSS 182247 521
05045201122000



Well Name: CBS 31B-21-692		BILL BARRETT CORPORATION	
SHL: SWNE Sec. 21 T6S R92W 6th PM		date updated	2/22/2012
		updated by	Mary Pobuda
05-045-20122		AS DRILLED	

Top of lead @ surface

9.625", 36 lbs/lr, J-55

12-1/4" Hole

SPUD 11/7/2011
TD 1/17/2012

set @ 842

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Drilled 8 3/4" hole from base surface casing to 6047 MD then drilled 7 7/8" hole to TD

Mesaverde 3870 MD 3732 TVD

Top of Gas 5534 MD 5347 TVD

Top of tail cement @ 5050 MD 4865 TVD

Cementing Program:		
Surface:		
Lead:	120	sks
Tail:	120	sks
Production:		
Tail:	615	sks

Rollins 7619 MD 7431 TVD

TD 7922 MD 7734 TVD

NOT TO SCALE

4.5", 11.6 lbs/lr, E-80

set @ 7921 MD

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BILL BARRETT CORPORATION
Bradenhead Pressure Summary



Well: CBS 31B-21-692
Pad: Circle B Land Tract 5
API No: 05-045-20122
Document No: 400070000

Bradenhead Pressure Report Following Primary Cement Job

Date Cemented: 1/18/2012
Plug Bumped: 1/18/2012 @ 22:00
Casing Slips Set: 1/18/2012 @ 21:30
WOC Time: 5+hrs
Temp. Log Run: 1/18/2012 @ 23:45

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: ~5050' MD; Estimated Top of Gas: 5550' MD.