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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 OGCC
2. Name of Operator: Bill Barrett Corporation	Phone: 303-312-8511	
3. Address: 1099 18th Street, Ste. 2300	Fax: 303-291-0420	
City: Denver State: CO Zip: 80202		
5. API Number: 05-045-20119	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: CBS	7. Well/Facility Number: 31C-21-692	Directional Survey
8. Location (Qtr/Ctr, Sec, Twp, Rng, Meridian): SWNE Sec. 21 T6S, R92W 6th PM		Surface Egrmt 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/ctr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	PHL/FSL	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/Ctr, 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 _____ POOP 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** (if more from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit chl 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@billbarrettcorp.com
 Print Name: Mary Pobuda Title: Permit Analyst

COGCC Approved: NWAE Title: NWAE Date: 2/23/12

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number:	10071	API Number:	05-045-20119
2. Name of Operator:	Bill Barrett Corporation	OGCC Facility ID #	
3. Well/Facility Name:	CBS	Well/Facility Number:	31C-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

JK 2/23/12

→ 4680' TOC

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Well Name:	CBS 31C-21-692	BILL BARRETT CORPORATION
SHL:	SWNE Sec. 21 T6S R92W 6th PM	date updated 2/22/2012
		updated by Mary Pobuda
05-045-20119		AS DRILLED

Top of lead @ surface

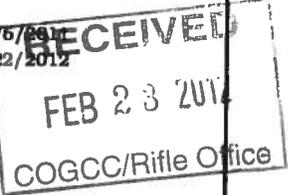
9.625", 36 lbs/ft, J-55

12-1/4" Hole

SPUD 11/6/2011

TD 1/22/2012

set @ 839



Memverts 3949 MD 3750 TVD

Top of tail cement @ 4650 MD 4395 TVD

Top of Gas 5561 MD 5277 TVD

Cementing Program:

Surface:

Lead: 120 aks

Tail: 120 aks

Production:

Tail: 640 aks

Rollins 7738 MD 7453 TVD

TD 8060 MD 7775 TVD

4.5", 11.6 lbs/ft, E-80

NOT TO SCALE

set @ 8054 MD

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BILL BARRETT CORPORATION
Bradenhead Pressure Summary



Well: CBS 31C-21-692
Pad: Circle B Land tract 5
API No: 05-045-20119
Document No: 400070018

Bradenhead Pressure Report Following Primary Cement Job

Date Cemented: 1/23/2012
Plug Bumped: 1/23/2012 @ 20:00
Casing Slips Set: 1/23/2012 @ 22:00
WOC Time: 5+hrs
Temp. Log Run: 01/24/2012 @ 02:00

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: ~4650' MD; Estimated Top of Gas: 5561' MD.

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CASE
311C-21-002
TUB REPAIR EST
02045201100000

