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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 (Ctr/Ctr, Sec, Twp, Rng, Meridian): SWNE Sec. 21 T6S, R92W 6th PM		Surface Eqpmt 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: ☐ PNL/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: ☐ ☐ ☐ ☐ attach directional survey

Bottomhole location Ctr/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

From: _____ NUMBER _____

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 than 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 chl 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: 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: [Signature] Title: NWAE Date: 2/23/12

CONDITIONS OF APPROVAL, IF ANY:



Page 2

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

Drilled 8 3/4" hole from base surface casing to 5855 MD then drilled 7 7/8" hole to TD

Measurements 3949 MD 3750 TVD

Top of tail cement @ 4650 MD 4395 TVD

Top of Gas 5561 MD 5277 TVD

Cementing Program:

Surface:

Lead: 120 sks

Tail: 120 sks

Production:

Tail: 640 sks

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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CBS
31C-21-002
708 REXNA EST
00945201100000

