



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 Designer (Rule 603b.)

1. OGCC Operator Number: 10071	4. Contact Name: Mary Pobuda	Complete the following checks: OGCC/Rifle Office OP OGCC
2. Name of Operator: Bill Barrett Corporation	Phone: 303-312-8511	
3. Address: 1099 18th Street, Ste. 2300 City: Denver State: CO Zip: 80202	Fax: 303-291-0430	
5. API Number: 05-045-20121	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: CBS	7. Well/Facility Number: 41C-21-692	Directional Survey
8. Location (Ctr/Ctr, Sec, Twp, Rng, Meridian): SWNE Sec. 21 T6S, R92W 6th PM		Surface Eqmnt 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:	FHL/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 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 _____ 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 (if non form date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries
Method used _____ Cementing tool setting/part 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: _____

Detail 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 Wastes
<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

OGCC Approved: [Signature] Title: NWAE Date: 2/23/12

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY
RECEIVED
FEB 23 2012
OGCC/Rifle Office

1. OGCC Operator Number:	10071	API Number:	05-045-20121
2. Name of Operator:	Bill Barrett Corporation	OGCC Facility ID #	
3. Well/Facility Name:	CBS	Well/Facility Number:	41C-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 → 5620' TOC
AS-BUILT WELLBORE SCHEMATIC
TEMPERATURE SURVEY
BRADENHEAD PRESSURE SUMMARY

Well Name:	CBS 41C-21-692	BILL BARRETT CORPORATION
BHL:	SWNE Sec. 21 T6S R92W 6th PM	date updated 2/22/2012 updated by Mary Pobuda
05-045-20121		AS DRILLED
Top of lead @ surface		12-1/4" Hole
9.625", 36 lbs/ft, J-55		SPUD 11/8/2011 TD 1/5/2012
		set @ 850
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center; margin: 0;">RECEIVED</p> <p style="text-align: center; margin: 0;">FEB 23 2012</p> <p style="text-align: center; margin: 0;">COGCC/Rifle Office</p> </div>
		<p>Drilled 8 3/4" hole from base surface casing to 5820 MD then drilled 7 7/8" hole to TD</p>
Measurements 4232 MD 3757 TVD		Top of tail cement @ 5600 MD 4940 TVD
Top of Gas 6188 MD 5519 TVD		
Cementing Program: Surface: Lead: 120 ska Tail: 120 ska Production: Tail: 663 ska		
Rollins 8127 MD 7457 TVD		
TD 8326 MD 7656 TVD		set @ 8314 MD
4.5", 11.6 lbs/ft, E-80		
NOT TO SCALE		

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FEB 23 2012

COGCC/Rifle Office



BILL BARRETT CORPORATION
Bradenhead Pressure Summary

Well: CBS 41C-21-692
Pad: Circle B Land Tract 5
API No: 05-045-20121
Document No: 400070236

Bradenhead Pressure Report Following Primary Cement Job

Date Cemented: 1/7/2012
Plug Bumped: 1/7/2012 @ 12:30

Casing Slips Set: 1/7/2012 @ 14:30

WOC Time: 5+hrs
Temp. Log Run: 1/7/2012 @ 18:30

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: ~5600' MD; Estimated Top of Gas: 6150' MD.

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CBS
410-51-492
TRIS 02/27/2011
0204521210000

