



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.)

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OGCC/Rifle Office

1. OGCC Operator Number: 10071	4. Contact Name: Mary Pobuda	Complete the following: 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 (Qtr/Clr, Sec, Twp, Rng, Meridian): SWNE Sec. 21 T6S, R92W 6th PM		Surface Egmt Diagram
9. County: Garfield	10. Field Name: Mamm Creek	Technical Info Page
11. Federal, Indian or State Lease Number:		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/Clr is substantive and requires a new permit)											
Change of Surface Footage from Exterior Section Lines:	<table border="1"> <tr> <td>FM/FSL</td> <td>FEL/FML</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	FM/FSL	FEL/FML	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FM/FSL	FEL/FML										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>										
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>										
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> attach directional survey										
Bottomhole location Qtr/Clr, Sec, Twp, Rng, Mer											
Latitude	Distance to nearest property line										
Longitude	Distance to nearest bldg, public rd, utility or RR										
Ground Elevation	Distance to nearest lease line										
	Is location in a High Density Area (rule 603b)? Yes/No										
	Distance to nearest well same formation										
	Surface owner consultation date:										
GPS DATA:											
Date of Measurement	PDOP Reading										
	Instrument Operator's Name										
<input type="checkbox"/> 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											
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):											
Effective Date:											
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual											
<input type="checkbox"/> CHANGE WELL NAME											
From:	NUMBER										
To:											
Effective Date:											
<input type="checkbox"/> ABANDONED LOCATION:											
Was location ever built?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Is site ready for inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Date Ready for inspection:											
<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS											
Date well shut in or temporarily abandoned:											
Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No											
MIT required if shut in longer than two years. Date of last MIT											
<input type="checkbox"/> SPUD DATE:											
<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (if new from date casing set)											
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK											
Method used	*submit cbl and cement job summaries										
Cementing tool setting/pump depth	Cement volume										
	Cement top										
	Cement bottom										
	Date										
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.											
Final reclamation will commence on approximately											
<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.											

Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent		<input type="checkbox"/> Report of Work Done
Approximate Start Date: 2/27/12		Date Work Completed:
Detail(s) 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 Flame	<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

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

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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

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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

→ 5620' TOC

Well Name:		CBS 41C-21-692		BILL BARRETT CORPORATION	
SHL:		SWNE Sec. 21 T6S R92W 6th PM		date updated 2/22/2012	
				updated by Mary Pobuda	
05-045-20121				AS DRILLED	
<div>Top of lead @ surface</div> <div>9.625", 36 lbs/ft, J-55</div>				<div>12-1/4" Hole</div> <div>SPUD 11/8/2011</div> <div>TD 1/5/2012</div> <div>set @ 850</div> <div>Drilled 8 3/4" hole from base surface casing to 5820 MD then drilled 7 7/8" hole to TD</div> <div>Top of tail cement @ 5600 MD 4940 TVD</div>	
<div>Measurements</div> <div>4232 MD 3757 TVD</div>					
<div>Top of Gas</div> <div>6188 MD 5519 TVD</div>					
<div>Cementing Program:</div> <div>Surface:<div>Lead: 120 aka</div><div>Tail: 120 aka</div></div> <div>Production:<div>Tail: 663 aka</div></div>					
<div>Rollins</div> <div>8127 MD 7457 TVD</div>					
<div>TD</div> <div>8326 MD 7656 TVD</div> <div>4.5", 11.6 lbs/ft, E-80</div> <div>NOT TO SCALE</div>				<div>set @ 8314 MD</div>	

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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
41C-21-482
TBS 12/17/2011
0004521210000

