

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2100



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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 COGCC 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. COGCC Operator Number: 10071 | 4. Contact Name: Mary Pobuda | Complete the Attachment Checklist |
| 2. Name of Operator: Bill Barrett Corporation | Phone: 303-312-8511 | |
| 3. Address: 1099 18th Street, Ste. 2300 | Fax: 303-291-0420 | OP COGCC |
| City: Denver State: CO Zip: 80202 | | |
| 5. API Number: 05-045-20128 | COGCC Facility ID Number | Survey Plat |
| 6. Well/Facility Name: CBS | 7. Well/Facility Number: 42B-21-692 | Directional Survey |
| 8. Location (Qtr/Otr, Sec, Twp, Rng, Meridian): SWNE Sec. 21 T6S, R92W 6th PM | | Surface Equip 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 qtrqtr is substantive and requires a new permit) | |
| Change of Surface Footage from Exterior Section Lines: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Change of Surface Footage to Exterior Section Lines: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Change of Bottomhole Footage from Exterior Section Lines: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Change of Bottomhole Footage to Exterior Section Lines: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Bottomhole location Qtr/Otr, 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 | POOP Reading |
| | Instrument Operator's Name |
| <input type="checkbox"/> CHANGE SPACING UNIT | <input type="checkbox"/> Remove from surface bond |
| Formation Formation Code Spacing order number Unit Acreage Unit configuration | Signed surface use agreement attached |
| <input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): | <input type="checkbox"/> CHANGE WELL NAME |
| Effective Date: | From: |
| Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual | To: |
| | Effective Date: |
| <input type="checkbox"/> ABANDONED LOCATION: | <input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS |
| Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date well shut in or temporarily abandoned: |
| Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Ready for inspection: | 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 (6 mos 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/perf 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: |
| 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"/> Change Drilling Plans | <input type="checkbox"/> Repair Well |
| <input type="checkbox"/> Gross Interval Changed? | <input type="checkbox"/> Rule 502 variance requested |
| <input type="checkbox"/> Casing/Cementing Program Change | <input checked="" type="checkbox"/> Other: Request to Complete |
| | <input type="checkbox"/> E&P Waste Disposal |
| | <input type="checkbox"/> Beneficial Reuse of E&P Waste |
| | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases |

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



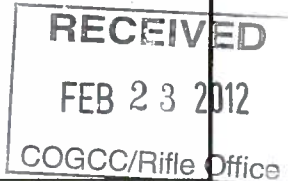
Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

| | | | |
|--|-------------------------------|-----------------------|--------------|
| 1. OGCC Operator Number: | 10071 | API Number: | 05-045-20128 |
| 2. Name of Operator: | Bill Barrett Corporation | OGCC Facility ID # | |
| 3. Well/Facility Name: | CBS | Well/Facility Number: | 42B-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

> COGCC TOC = 5282'

| | | | |
|--|--|---------------------------------|--|
| Well Name: CBS 42B-21-692 | | HILL BARRETT CORPORATION | |
| SHL: SWNE Sec. 21 T6S R92W 6th PM | | date updated 2/22/2012 | |
| | | updated by Mary Pobuda | |

| | | | |
|--------------|--|------------|--|
| 05-045-20128 | | AS DRILLED | |
|--------------|--|------------|--|

Top of lead @ surface

9.625", 36 lbs/ft, J-55

12-1/4" Hole

SPUD 11/9/2011
TD 12/8/2011

set @ 845

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Mesa Verde 3973 MD 3665 TVD

Top of Gas 5839 MD 5398 TVD

Drilled 8 3/4" hole from base surface casing to 5564 MD then drilled 7 7/8" hole to TD

Top of tail cement @ 5270 MD 4835 TVD

Cementing Program:

Surface:

Lead: 120 sks

Tail: 120 sks

Production:

Tail: 800 sks

Rollins 7776 MD 7335 TVD

4.5", 11.6 lbs/ft, E-80

TD 7997 MD 7556 TVD

set @ 7992 MD

NOT TO SCALE

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BILL BARRETT CORPORATION
Bradenhead Pressure Summary



Well: CBS 42B-21-692
Pad: Circle B Land Tract 5
API No: 05-045-20128
Document No: 400070266

Bradenhead Pressure Report Following Primary Cement Job

Date Cemented: 12/8/2011
Plug Bumped: 12/8/2011 @ 13:30

Casing Slips Set: 12/8/2011 @ 15:30

WOC Time: 5+hrs
Temp. Log Run: 12/8/2011 @ 20:00

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: ~5270' MD; Estimated Top of Gas: 5780' MD.

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CBS
429-21-592
TBS RICHY 521
05045201280000

