

FORM  
4

Rev 12/05

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)954-2100 Fax: (303)954-2109

## 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
2. Name of Operator: Bill Barrett Corporation	Elaine Winick
3. Address: 1099 18th Street, Suite 2300	Phone: (303) 312-8168
City: Denver State: CO Zip: 80202	Fax: (303) 291-0420
5. API Number 05-045-18885	OGCC Facility ID Number
6. Well/Facility Name: GGU Fed	7. Well/Facility Number 21C-33-691
8. Location (Qtr/Tr, Sec, Twp, Rng, Meridian): NWNW, Sec. 33 T6S, R91W, 6th PM	
9. County: Garfield	10. Field Name: Mamm Creek
11. Federal, Indian or State Lease Number:	

## General Notice

<input type="checkbox"/> 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:	FL/PSL	FEL/PHL
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/Tr, Sec, Twp, Rng, Mer	Distance to nearest property line	Distance to nearest bldg, public rd, utility or RR
Latitude	Distance to nearest lease line	Is location in a High Density Area (rule 603b)?
Longitude	Distance to nearest well same formation	Surface owner consultation date:
Ground Elevation		Yes <input type="checkbox"/> No <input type="checkbox"/>

GPS DATA:	PDOF Reading	Instrument Operator's Name
Date of Measurement		

<input type="checkbox"/> CHANGE SPACING UNIT	Formation Code	Spacing order number	Unit Acreage	Unit configuration	<input type="checkbox"/> Remove from surface bond
Formation					Signed surface use agreement attached

<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME	NUMBER
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)
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<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	*submit cbl and cement job summaries
Method used	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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date:	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
	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: Elaine Winick Date: 9/22/2010 Email: ewinick@billbarrettcorp.com

Print Name: Elaine Winick Title: Permit Analyst

OGCC Approved: [Signature] Title: ETM Date: 10/6/2010

CONDITIONS OF APPROVAL, IF ANY:



02054489



RECEIVED

OCT 01 2010

OGCC/Rifle Office

Complete the Attachment Checklist

OP OGCC

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number:	10071	API Number:	05-045-18885
2. Name of Operator:	Bill Barrett Corporation		
3. Well/Facility Name:	GGU Fed	OGCC Facility ID #	
4. Location (Qtr, Sec, Twp, Rng, Meridian):	NWNW, Sec. 33 T6S, R91W, 6th PM		

RECEIVED  
OCT 01 2010  
COGCC/Rifle Office

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

all pressures = 0.  
TOG 5278 MD  
(4935 TUD)  
TOC ≈ 2890'

dgk COGCC 10/6/2010