

FORM
4
Rev 12/05

State of Colorado



01241870

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



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.)

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Complete the Attachment
OGCC Rifle Office

OP OGCC

1. OGCC Operator Number: 10071	4. Contact Name Brady Riley	<table border="1"> <tr> <td>Survey Plat</td> <td></td> </tr> <tr> <td>Directional Survey</td> <td></td> </tr> <tr> <td>Surface Eqmpt Diagram</td> <td></td> </tr> <tr> <td>Technical Info Page</td> <td>X</td> </tr> <tr> <td>Other</td> <td>X</td> </tr> </table>	Survey Plat		Directional Survey		Surface Eqmpt Diagram		Technical Info Page	X	Other	X
Survey Plat												
Directional Survey												
Surface Eqmpt Diagram												
Technical Info Page	X											
Other	X											
2. Name of Operator: Bill Barrett Corporation	Phone: (303) 312-8115											
3. Address: 1099 18th Street, Suite 2300	Fax: (303) 291-0420											
City: Denver State: CO Zip: 80202												
5. API Number 05-045-19624	OGCC Facility ID Number											
6. Well/Facility Name: GGU Federal	7. Well/Facility Number 43C-29-691											
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE, Sec. 29 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/qtr is substantive and requires a new permit)	
Change of Surface Footage from Exterior Section Lines: <input type="checkbox"/> FNL/FSL <input type="checkbox"/> FEL/FWL Change of Surface Footage to Exterior Section Lines: <input type="checkbox"/> <input type="checkbox"/> Change of Bottomhole Footage from Exterior Section Lines: <input type="checkbox"/> <input type="checkbox"/> Change of Bottomhole Footage to Exterior Section Lines: <input type="checkbox"/> <input type="checkbox"/> attach directional survey Bottomhole location Qtr/Qtr, 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: <input type="checkbox"/> Ground Elevation _____ 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 (6 mos from date casing set)
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____ *submit cbl and cement job summaries	
<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 Approximate Start Date: _____	<input type="checkbox"/> 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"/> Change Drilling Plans <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Rule 502 variance requested <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: Brady Riley
 Print Name: Brady Riley

Date: 11/17/10 Email: briley@billbarrettcorp.com

Title: Permit Analyst

COGCC Approved: [Signature]Title: EIT III

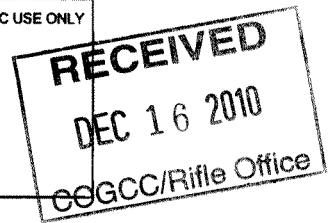
Date: 12/20/10

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



1. OGCC Operator Number: 10071 API Number: 05-045-19624
2. Name of Operator: Bill Barrett Corporation OGCC Facility ID #
3. Well/Facility Name: GGU Federal Well/Facility Number: 43C-29-691
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE, Sec. 29 T6S, R91W, 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 → TOC 2480

AS-BUILT WELLBORE SCHEMATIC

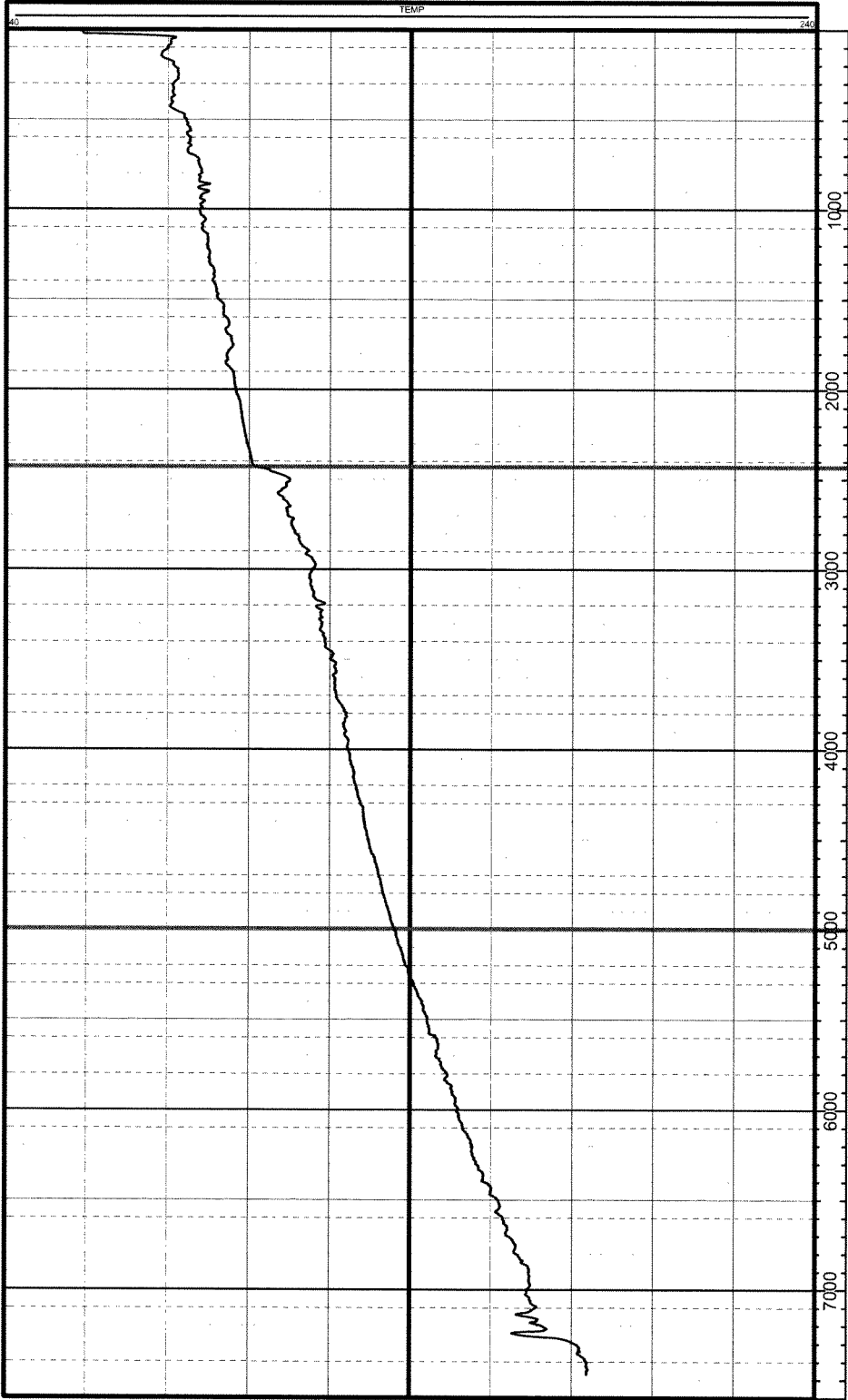
TEMPERATURE SURVEY → TOC ~25 2430

BRADENHEAD PRESSURE SUMMARY → 911 0

JSK, OGCC 12/20/10

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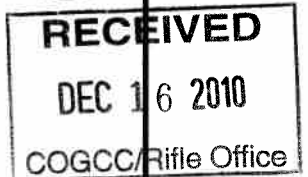
GGU Federal
43C-29-691
T6S R91W S29
05045196240000



HS=1

PETRA 10/11/2010 4:30:10 PM

BILL BARRETT CORPORATION
Bradenhead Pressure Summary



Well: GGU Federal 43C-29-691
Pad: MDP #15
API No: 05-045-19624
Document No: 400056335

Bradenhead Pressure Report Following Primary Cement Job

Date Cemented: 10/10/2010
Plug Bumped: 0600 hrs, 10/10/2010
Casing Slips Set: 1000 hrs, 10/10/2010
WOC Time: 5 hrs
Temp. Log Run: 1200 hrs, 10/10/2010

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: ~2430' MD; Estimated Top of Gas: 4998' MD.

Well Name: QGU Federal 43C-29-691		BILL BARRETT CORPORATION	
SHL: NWSE, Sec. 29 T6S, R91W, 6th PM		date updated	11/17/2010
		updated by	Brady Riley
05-045-19624			
Top of lead @ surface		SPUD 8/29/2010	
9.625", 36 lb/ft, J/K-SS		TD 9/21/2010	
		set @ 840	
Mamverde 3633 MD 3429 TVD		Top of tail cement @ 2430 MD 2347 TVD	
Top of Gas 4998 MD 4715 TVD			
<div>Cementing Program: Surface: Lead: 120 sks Tail: 120 sks Production: Tail: 1037 sks</div>			
Rollins 7266 MD 6982 TVD			
4.5", 11.6 lb/ft, I-80		set @ 7600	
NOT TO SCALE			

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