



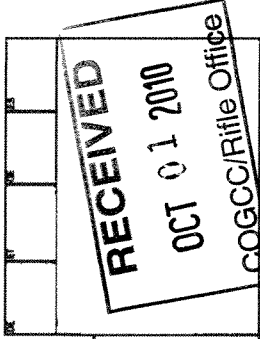
FORM 4  
Rev 12/05  
State of Colorado  
Oil and Gas Conservation Commission

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

SUNDRIY 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	Elaine Winick
2. Name of Operator:	Bill Barrett Corporation	Phone:	(303) 312-8168
3. Address:	1099 18th Street, Suite 2300	Fax:	(303) 291-0420
City:	Denver	State:	CO
Zip:	80202		
5. API Number	05-045-18912	OGCC Facility ID Number	
6. Well/Facility Name:	GGU Fed	7. Well/Facility Number	148-28-691
8. Location (Qtr/4, Sec, Twp, Rng, Meridian):	NWNW, Sec. 33 T6S, R91W, 6th PM		
9. County:	Garfield	10. Field Name:	Marmm Creek
11. Federal, Indian or State Lease Number:	COC-46972		



Complete the Attachment Checklist

OP-OGCC

Survey Plat	
Directional Survey	
Surface Expmnt Diagram	
Technical Info Page	X
Other	X

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:		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 Qtr/4, Sec, Twp, Rng, Mer		Distance to nearest bldg, public rd, utility or RR
Latitude		Is location in a High Density Area (rule 603b)?
Longitude		Yes/No
Ground Elevation		Surface owner consultation date:

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

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

<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME	NUMBER
Effective Date:	From:	
Plugging Bond:	To:	
<input type="checkbox"/> Blanket <input type="checkbox"/> Individual	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 (if not from data 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"/> Request of Work Done
Approximate Start Date:	Data 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: 9/14/2010 Email: ewinick@billbarrettcorp.com

Print Name: Elaine Winick Title: Permit Analyst

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

OCT 01 2010

COGCC/Rifle Office

1. OGCC Operator Number: 10071      API Number: 05-045-18912

2. Name of Operator: Bill Barrett Corporation      OGCC Facility ID #

3. Well/Facility Name: GGU Federal      Well/Facility Number: 14B-28-691

4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW, Sec. 33 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  
AS-BUILT WELLBORE SCHEMATIC  
TEMPERATURE SURVEY  
BRADENHEAD PRESSURE SUMMARY

→ all BHP's = Ø.

1-P Temp log      T<sub>oc</sub> ≈ 2050'  
(BL Shows "good" cement from 5870' ↓  
TOG- 4934 TUD      OK cement @  
44-  
4395'

OGCC      10/6/2010