



02054613

Page 1

FORM

4

Rev 12/05

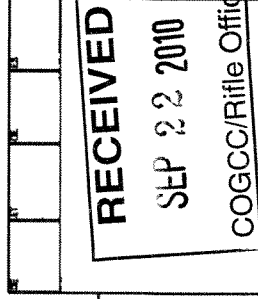
State of Colorado

Oil and Gas Conservation Commission

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

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	Elaine Winnick
2. Name of Operator:	Bill Barrett Corporation	Phone:	(303) 312-8168
3. Address:	1099 16th Street, Suite 2300	Fax:	(303) 291-0420
City:	Denver	State:	CO
Zip:	80202		
5. API Number	05- 045-18900	OGCC Facility ID Number	
6. Well/Facility Name:	GGU Fed	7. Well/Facility Number	218-33-691
8. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWNW, Sec. 33 T6S, R91W, 6th PM	Surface Exgmt Diagram	
9. County:	Garfield	Technical Info Page	X
11. Federal, Indian or State Lease Number:		Other	X

Complete the Attachment Checklist

OP OGCC

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:		FNL/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: QtrQtr, Sec, Twp, Rng, Mer		attach directional survey
Latitude		
Longitude		
Ground Elevation		
		Distance to nearest property line
		Distance to nearest lease line
		Distance to nearest well same formation
		Distance to nearest bldg, public rd, utility or RR
		Is location in a High Density Area (rule 603b)?
		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

<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):	<input type="checkbox"/> CHANGE WELL NAME	NUMBER
Effective Date:	From:	
Plugging Bond:	To:	
<input type="checkbox"/> Blanket	Effective Date:	
<input type="checkbox"/> Individual		

<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Was location ever built?	Date well shut in or temporarily abandoned:
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is site ready for inspection?	Has Production Equipment been removed from site?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 (to meet from date casing set)
-------------------------------------	---

<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
Cementing tool setting/perf depth	Cement top
Cement volume	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 Flame
<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 Winnick Date: 9/22/2010 Email: ewinnick@billbarrettcorp.com

Print Name: Elaine Winnick

Title: Permit Analyst

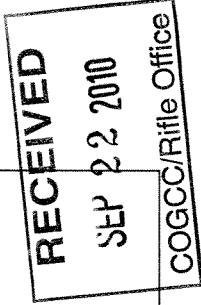
COGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



1. OGCC Operator Number:	10071	API Number:	05-045-18900
2. Name of Operator:	Bill Barrett Corporation		
	OGCC Facility ID #		
3. Well/Facility Name:	GGU Fed	Well/Facility Number:	21B-33-691
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

→ 911 '8" ✓

* OPR TOC = 2550' ✓
" TOG = 5425

CBL - cement good @ ~2650' on down

DLK 9/13/2010