



02054594



State of Colorado

Oil and Gas Conservation Commission

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

Page 1

FORM 4 Rev 12/05

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

2. Name of Operator: Bill Barrett Corporation

3. Address: 1099 18th Street, Suite 2300
City: Denver State: CO Zip: 80202

4. Contact Name: Elaine Winick
Phone: (303) 312-8168
Fax: (303) 291-0420

5. API Number: 05-045-19215

6. Well/Facility Name: GGU Federal

7. Well/Facility Number: 22A-28-691

8. Location (Qtr/Sec, Twp, Rng, Mer/Idem): SENW, Sec. 28 T6S, R91W, 6th PM

9. County: Garfield

10. Field Name: Mamm Creek

11. Federal, Indian or State Lease Number: COC-41048

Survey Plat: Directional Survey Surface Exempt Diagram Technical Info Page Other

Complete the Attachment Checklist OP OGCC

RECEIVED
OCT 11 2010
COGCC/Rifle Office

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:
 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/Sec, Twp, Rng, Mer

Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RRR _____
 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: _____

Latitude _____
 Longitude _____
 Ground Elevation _____

attach directional survey

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

CHANGE SPACING UNIT
 Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____
 Remove from surface bond
 Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
 Effective Date: _____
 Plugging Bond: Blanket Individual

ABANDONED LOCATION:
 Was location ever built? Yes No
 Is site ready for inspection? Yes No
 Date Ready for inspection: _____
 NOTICE OF CONTINUED SHUT IN STATUS
 Date well shut in or temporarily abandoned: _____
 Has Production Equipment been removed from site? Yes No
 MIT required if shut in longer than two years. Date of last MIT: _____

SPUD DATE: _____
 REQUEST FOR CONFIDENTIAL STATUS (6 mos from data casing set)

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

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
 Final reclamation will commence on approximately _____
 Final reclamation is completed and site is ready for inspection.

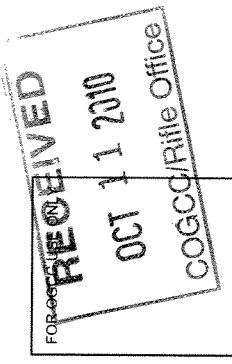
Technical Engineering/Environmental Notice
 Notice of Intent
 Approximate Start Date: _____
 Report of Work Done
 Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)
 Intent to Recomplete (submit form 2)
 Change Drilling Plans
 Gross Interval Changed?
 Casing/Cementing Program Change
 Request to Vent or Flare
 Repair Well
 Rule 502 variance requested
 Other: Request to Complete
 E&P Waste Disposal
 Beneficial Reuse of E&P Waste
 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: Elaine Winick Date: 10-11-10 Email: ewinick@billbarrettcorp.com
 Print Name: Elaine Winick Title: Permit Analyst
 COGCC Approved: _____ Date: 10/20/2010
 Title: EIT-3
 CONDITIONS OF APPROVAL, IF ANY: _____

TECHNICAL INFORMATION PAGE



- 1. OGCC Operator Number: 10071 API Number: 05-045-19215
- 2. Name of Operator: Bill Barrett Corporation OGCC Facility ID #
- 3. Well/Facility Name: GGU Federal Well/Facility Number: 22A-28-691
- 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW, Sec. 28 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: \rightarrow 2935

CBL \rightarrow 2935

AS-BUILT WELLBORE SCHEMATIC \rightarrow TOC \approx 2910'

TEMPERATURE SURVEY \rightarrow * all BHP = 0.

BRADENHEAD PRESSURE SUMMARY \rightarrow

TOG 4984

OSK COG-CC 10/20/2010