

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2106

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	Brady Riley
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	05-045-19456	OGCC Facility ID Number	
6. Well/Facility Name:	GGU Barge Federal	7. Well/Facility Number	33D-32-691
8. Location (Qtr/Sec, Twp, Rng, Meridian):	SE1/4, Sec. 32 T6S, R91W, 6th PM		
9. County:	Garfield	10. Field Name:	Mamm Creek
11. Federal, Indian or State Lease Number:	COC46972		

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 Qtr/Sec, Twp, Rng, Mer		
Latitude		
Longitude		
Ground Elevation		
Distance to nearest property line		Distance to nearest bldg, public rd, utility or RR
Distance to nearest lease line		Is location in a High Density Area (rule 603b)?
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 Code	Spacing order number
Formation	Unit Acreage	Unit configuration
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):		
Effective Date:		
Plugging Bond:	<input type="checkbox"/> Blanket <input type="checkbox"/> Individual	
<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"/> SPUD DATE:		
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	Cementing tool setting/perf depth	Cement volume
Method used	Cement top	Cement bottom
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.		
Final reclamation will commence on approximately		

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
<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	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed:

Date: 11/1/2010

Email: britley@billbarrettcorp.com

Print Name: Brady Riley

Title: Permit Analyst

OGCC Approved:

Title:

EIT-3

Date:

11/5/2010

CONDITIONS OF APPROVAL, IF ANY:



02577413



RECEIVED

NOV 02 2010

COGCC/Rifle Office

Complete the Attachment
Checklist

OP OGCC

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

NOV 02 2010

COGCC/Rifle Office

1. OGCC Operator Number: 10071 API Number: 05-045-19456
2. Name of Operator: Bill Barrett Corporation
3. Well Name: GGU Barge Federal Well Number: 33D-32-691
4. Location: (Qtr, Sec, Twp, Rng, Mer): SENW, Sec. 32, 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.

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 ~2930' - ~2944"

AS-BUILT WELLBORE SCHEMATIC

TEMPERATURE SURVEY → TOC @ 2250

BRADENHEAD PRESSURE SUMMARY → TOC ~4980? 5070±

TOC ~4980? 5070±

DEK/bch

COGCC

11/5/2010