



02054680

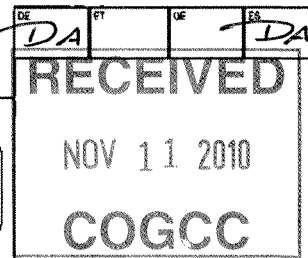
FORM  
4  
Rev 12/05

Page 1

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: VALERIE A. WALKER	Complete the Attachment Checklist OP OGCC
2. Name of Operator: BILL BARRETT CORP	Phone: 303-312-8531	
3. Address: 1099 18TH STREET SUITE 2300 City: DENVER State: CO Zip: 80202	Fax: 303-291-0420	
5. API Number 05-045-19620	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: GGU FEDERAL	7. Well/Facility Number: 42A-29-691	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE 29-6S-91W MERIDIAN 6		Surface Eqpm Diagram
9. County: GARFIELD	10. Field Name: MAMM CREEK	Technical Info Page
11. Federal, Indian or State Lease Number:		Other

## 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/SL <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
Longitude	Distance to nearest bldg, public rd, utility or RR
Ground Elevation	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:
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	Signed surface use agreement attached
Formation Code	
Spacing order number	
Unit Acreage	
Unit configuration	
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME
Effective Date:	NUMBER
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	From:
	To:
	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 (6 mos 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
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 checked="" type="checkbox"/> Report of Work Done
Approximate Start Date:	Date Work Completed: 11/10/2010
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 checked="" 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: BACK SIDE PRESSURE
	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.

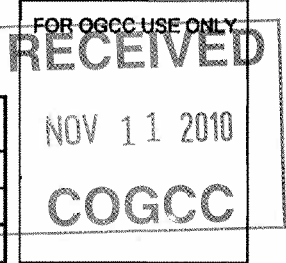
Signed: Valerie A Walker Date: 11/11/2010 Email: VWALKER@BILLBARRETTCORP.COM  
Print Name: VALERIE A. WALKER Title: PERMIT ANALYST

COGCC Approved: David Andrews Title: PE II Date: 11/15/2010

## CONDITIONS OF APPROVAL, IF ANY:

Within 90 days, collect a production gas sample and a gas sample from the production casing - surface casing annulus. Analyze both gas samples for composition (C1 through C12) and stable isotopes of methane, ethane, and propane (Isotech Laboratories NG-2 analysis or similar). Submit analytical results on a Form 4 (Sundry Notice) to the attention of David Andrews (COGCC Engineering Supervisor). A bradenhead test is required. Notify COGCC staff (Shaun Kellerby and David Andrews) 10 days prior to performing the bradenhead test. Complete Form 17 (Bradenhead Test Report) to document the test results.

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number:	10071	API Number:	05-045-19620
2. Name of Operator:	Bill Barrett Corp.	OGCC Facility ID #	
3. Well/Facility Name:	GGU Federal	Well/Facility Number:	42A-29-691
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWSE 29-6S-91W 6		

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

CAPTIONED WELL IS BUILDING PRESSURE ON THE BACK-SIDE OF THE PRODUCTION CASING.  
PRESSURE IS BEING BLED DOWN TO THE PIT  
PRESSURE WAS @ 175 PSI BEFORE BEING BLED DOWN.  
  
WILL CONTINUE TO BLEED AND MONITOR.