



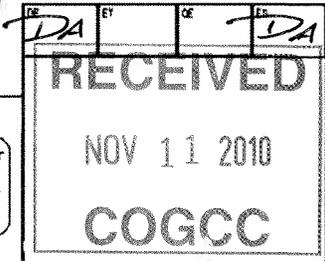
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FORM 4 Rev 12/05

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.)

Complete the Attachment Checklist

OP OGCC

1. OGCC Operator Number: 10071 2. Name of Operator: BILL BARRETT CORP 3. Address: 1099 18TH STREET SUITE 2300 City: DENVER State: CO Zip: 80202 4. Contact Name: VALERIE A. WALKER 5. API Number 05-045-19626 6. Well/Facility Name: GGU FEDERAL 7. Well/Facility Number: 42B-29-691 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE 29-6S-91W MERIDIAN 6 9. County: GARFIELD 10. Field Name: MAMM CREEK 11. Federal, Indian or State Lease Number: Survey Plat Directional Survey Surface Eqpm Diagram Technical Info Page Other

General Notice

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: 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/Qtr, Sec, Twp, Rng, Mer Latitude Distance to nearest property line Distance to nearest bldg, public rd, utility or RR Longitude Distance to nearest lease line Is location in a High Density Area (rule 603b)? Yes/No Ground Elevation Distance to nearest well same formation Surface owner consultation date: GPS DATA: Date of Measurement PDOP 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 CHANGE WELL NAME NUMBER From: To: Effective Date: 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 date 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 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: 11/10/2010 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: BACKSIDE PRESSURE BUILD UP for Spills and Releases E&P Waste Disposal Beneficial Reuse of E&P Waste 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: 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



FOR OGCC USE ONLY

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COGCC

- |  |                    |                       |              |
|--|--------------------|-----------------------|--------------|
| 1. OGCC Operator Number:                       | 10071              | API Number:           | 05-045-19626 |
| 2. Name of Operator:                           | Bill Barrett Corp. | OGCC Facility ID #    |              |
| 3. Well/Facility Name:                         | GGU Federal        | Well/Facility Number: | 42B-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 @ 200 PSI BEFORE BEING BLED DOWN.

WILL CONTINUE TO BLEED AND MONITOR.