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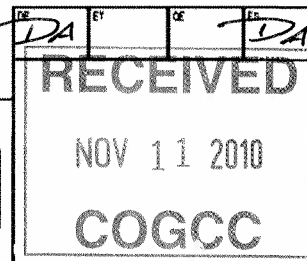
FORM
4
Rev 12/05

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	4. Contact Name: VALERIE A. WALKER
2. Name of Operator: BILL BARRETT CORP	Phone: 303-312-8531
3. Address: 1099 18TH STREET SUITE 2300	Fax: 303-291-0420
City: DENVER State: CO Zip: 80202	
5. API Number 05-045-19626	OGCC Facility ID Number
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't Diagram	
Technical Info Page	
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/FSL <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 Formation Code Spacing order number Unit Acreage Unit configuration	Signed surface use agreement attached
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME
Effective Date:	From:
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	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 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: BACKSIDE PRESSURE BUILD UP 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: Valerie A. Walker Date: 11/11/2010 Email: VWALKER@BILLBARRETTCORP.CO.RP.COM
Print Name: VALERIE A. WALKER Title: PERMIT ANALYSTCOGCC 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

RECEIVED
NOV 11 2010
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.