

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.)

COGCC/PIH Office  
Complete the Affidavit Checklist

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 05-045-19629	OGCC Facility ID Number	Survey Plat	
6. Well/Facility Name: GGU Federal	7. Well/Facility Number 34D-29-691	Directional Survey	
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE, Sec. 29 T6S, R91W, 6th PM		Surface Eqpm Diagram	
9. County: Garfield	10. Field Name: Mamm Creek	Technical Info Page	X
11. Federal, Indian or State Lease Number:		Other	X

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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 \*submit cbl and cement job summaries

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: \_\_\_\_\_

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"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Request to Complete	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: Brady Riley Date: 11/17/10 Email: briley@billbarrettcorp.com  
Print Name: Brady Riley Title: Permit Analyst

COGCC Approved: [Signature] Title: EIT III Date: 12/21/10

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



RECEIVED  
FOR OGCC USE ONLY  
DEC 16 2010  
COGCC/Rifle Office

1. OGCC Operator Number: 10071 API Number: 05-045-19629  
 2. Name of Operator: Bill Barrett Corporation OGCC Facility ID # \_\_\_\_\_  
 3. Well/Facility Name: GGU Federal Well/Facility Number: 34D-29-691  
 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE, Sec. 29 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:

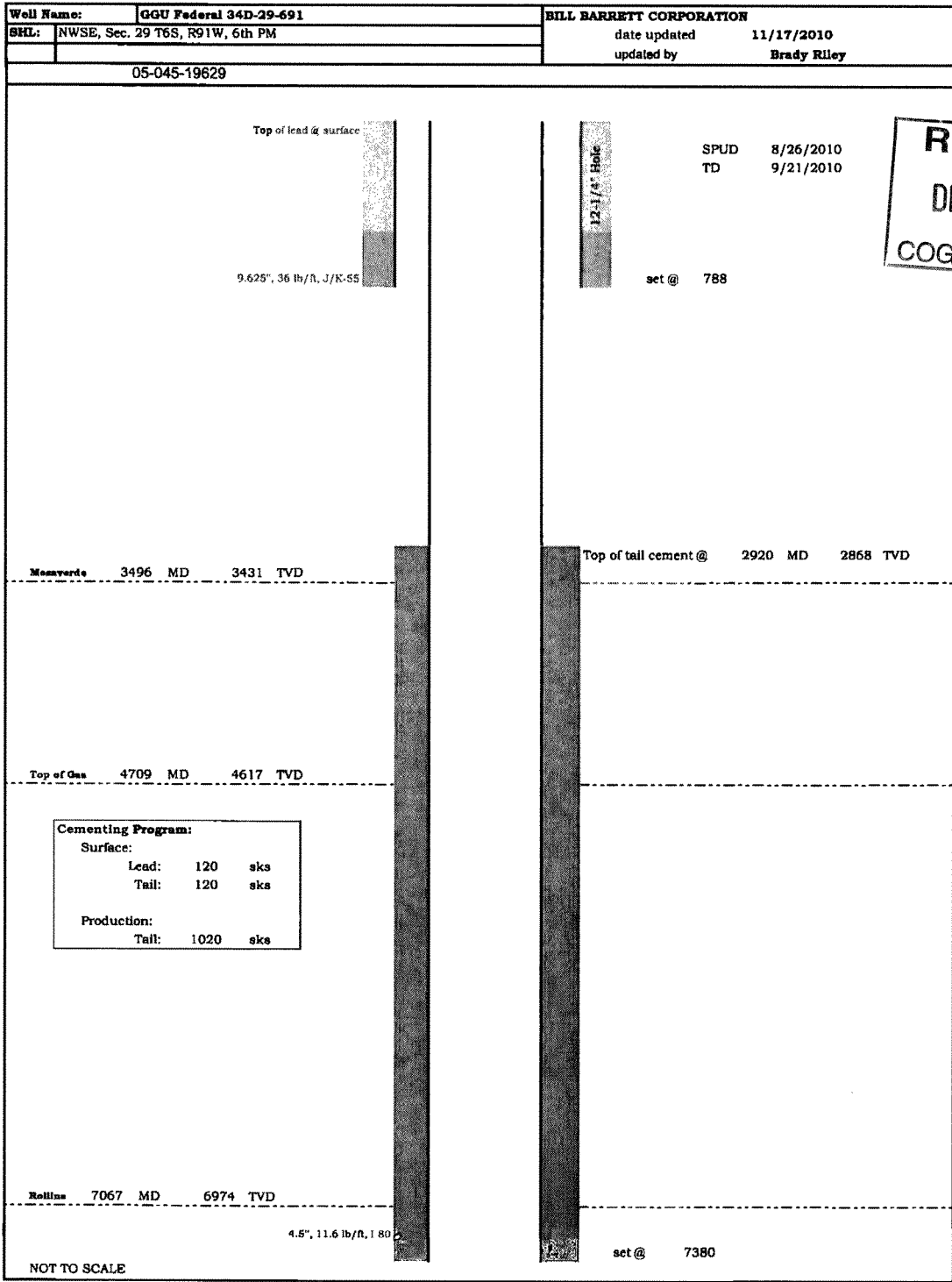
CBL → TOC = 2910' ±

AS-BUILT WELLBORE SCHEMATIC

TEMPERATURE SURVEY → TOC = 2900'

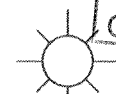
BRADENHEAD PRESSURE SUMMARY → all = ∅.

OGCC, COGCC 12/21/10

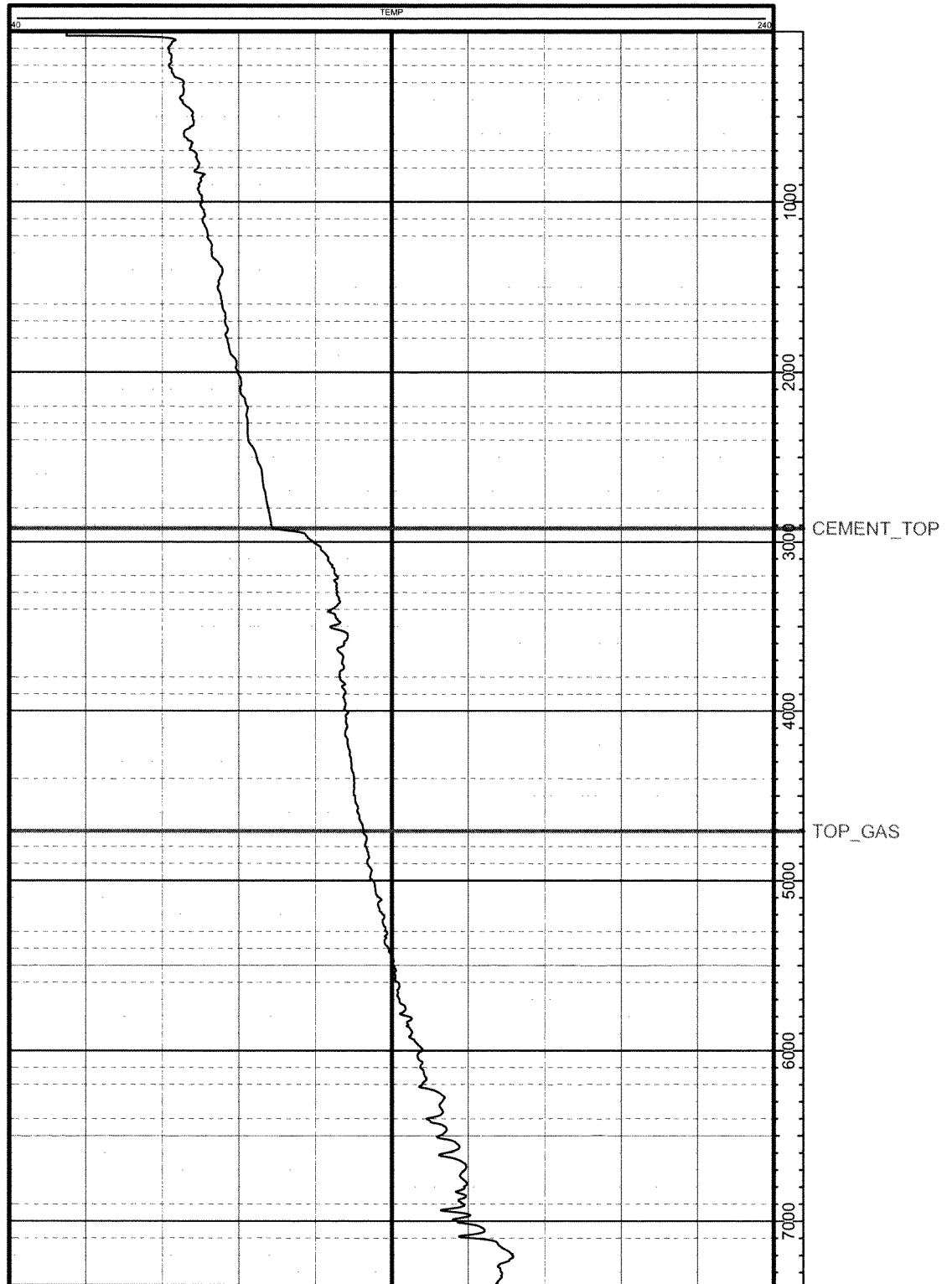


NOT TO SCALE

**RECEIVED**  
DEC 16 2010  
COGCC/Rifle Office



GGU Federal  
34D-29-691  
T6S R91W S29  
05045196290000

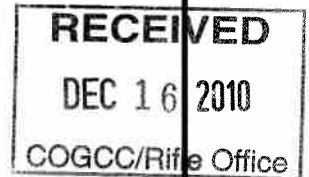


HS-1

**BILL BARRETT CORPORATION**  
**Bradenhead Pressure Summary**



**Well:** GGU Federal 34D-29-691  
**Pad:** MDP #15  
**API No:** 05-045-19629  
**Document No:** 400055546



**Bradenhead Pressure Report Following Primary Cement Job**

**Date Cemented:** 10/14/2010  
**Plug Bumped:** 1700 hrs, 10/14/2010  
**Casing Slips Set:** 1800 hrs, 10/14/2010  
**WOC Time:** 5 hrs  
**Temp. Log Run:** 2230 hrs, 10/14/2010

**Bradenhead Pressures**

<b>6 hrs:</b>	0	psig
<b>12 hrs:</b>	0	psig
<b>24 hrs:</b>	0	psig
<b>48 hrs:</b>	0	psig
<b>72 hrs:</b>	0	psig

**Comments:**

Top of cement based on Temperature log: ~2920' MD; Estimated Top of Gas: 4709' MD.