

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**04/09/2012**  
Document Number:  
**400269834**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 53650 Contact Person: Erin Bibeau  
Company Name: MARATHON OIL COMPANY Phone: (970) 4197816  
Address: 5555 SAN FELIPE Fax: (970) 4939219  
City: HOUSTON State: TX Zip: 77056 Email: ebibeau@marathonoil.com  
API #: 05 - 123 - 33539 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: French Lake 3-63-16 1A  
Sec: 16 Twp: 3N Range: 63W QtrQtr: NWNW Lat: 40.231288 Long: -104.450324

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**  
Date of Treatment: 04/20/2012 Time: 06:00 (HH:MM)

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Erin Bibeau Email: ebibeau@marathonoil.com  
Signature: Erin Bibeau Title: Regulatory Compliance Rep Date: 04/09/2012