

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**04/26/2012**  
Document Number:  
**400277214**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100264 Contact Person: DEE JOHNSON  
Company Name: XTO ENERGY INC Phone: (505) 333-3100  
Address: 382 CR 3100 Fax: (505) 333-3670  
City: AZTEC State: NM Zip: 87410 Email: dee\_johnson@xtoenergy.com  
API #: 05 - 067 - 09860 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: HOCKER 3-35  
Sec: 35 Twp: 33N Range: 7W QtrQtr: SESE Lat: 37.056080 Long: -107.573200

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**  
Date of Treatment: 05/02/2012 Time: 07:00 (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: DOLENA JOHNSON Email: dee\_johnson@xtoenergy.com  
Signature: \_\_\_\_\_ Title: REG COMPLIANCE TECH Date: 04/26/2012