

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**04/05/2012**  
Document Number:  
**400268863**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100322 Contact Person: Justin Garrett  
Company Name: NOBLE ENERGY INC Phone: (303) 228-4000  
Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202 Email: JDGarrett@nobleenergyinc.com  
API #: 05 - 123 - 19392 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Malo 09-20  
Sec: 20 Twp: 8N Range: 59W QtrQtr: NESE Lat: 40.645800 Long: -103.994400

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 04/04/2012 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: Justin Garrett Email: JDGarrett@nobleenergyinc.com  
Signature: Justin Garrett Title: Regulatory Specialist Date: 04/05/2012