

FORM
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Rev
03/12



OGCC RECEPTION
Receive Date:
05/23/2012
Document Number:
400288167

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 53650 Contact Person: Mike Olson
Company Name: MARATHON OIL COMPANY Phone: (713) 408-6931
Address: 5555 SAN FELIPE RD Fax: (713) 499-6740
City: HOUSTON State: TX Zip: 77056 Email: MROlson@MarathonOil.com

API #: 05 - 123 - 35239 - 00 Facility ID: _____ Location ID: _____
Facility Name: Crow Valley 7-62-28 4H
Sec: 28 Twp: 7N Range: 62W QtrQtr: SESE Lat: 40.538707 Long: -104.320666

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/30/2012 Time: 12:00 (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: 05/23/2012