

FORM
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OGCC RECEPTION
Receive Date:
05/29/2012
Document Number:
400289899

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10071 Contact Person: Andrea Rasey
Company Name: BARRETT CORPORATION* BILL Phone: (303) 312-8528
Address: 1099 18TH ST STE 2300 Fax: ()
City: DENVER State: CO Zip: 80202 Email: arasey@billbarrettcorp.com
API #: 05 - 045 - 19238 - 00 Facility ID: _____ Location ID: _____
Facility Name: Werner 34D-23-692
Sec: 23 Twp: 6S Range: 92W QtrQtr: SWSE Lat: 39.507726 Long: -107.630255

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/01/2012 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: Andrea Rasey Email: arasey@billbarrettcorp.com
Signature: Andrea A Rasey Title: Admin. Assistant Date: 05/29/2012