

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**06/01/2012**

Document Number:  
**400291380**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100264 Contact Person: Bill Blatnick  
Company Name: XTO ENERGY INC Phone: (719) 859-3370  
Address: 382 CR 3100 Fax: ( )  
City: AZTEC State: NM Zip: 87410 Email: bill\_blatnick@xtoenergy.com

API #: 05 - 071 - 07568 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: HILL RANCH 18-01V  
Sec: 18 Twp: 35S Range: 67W QtrQtr: NENE Lat: 37.002910 Long: -104.923210

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

Date of Treatment: 06/04/2012 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: Kelly K. Kardos Email: kelly\_kardos@xtoenergy.com  
Signature: Kelly K. Kardos Title: Permitting Supervisor Date: 06/01/2012