

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

06/12/2012

Document Number:

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**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>53650</u>	Contact Person: <u>Mike Olson</u>
Company Name: <u>MARATHON OIL COMPANY</u>	Phone: <u>(713) 4086931</u>
Address: <u>5555 SAN FELIPE RD</u>	Fax: <u>(713) 4996740</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77056</u>	Email: <u>MROlson@marathonoil.com</u>

  

API #: <u>05 - 123 - 35250 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Crow Valley 7-62-30 2H</u>		
Sec: <u>30</u>	Twp: <u>7N</u>	Range: <u>62W</u> QtrQtr: <u>SESW</u> Lat: <u>40.538783</u> Long: <u>-104.367166</u>

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

Date of Treatment: 06/18/2012 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: <u>Erin Bibeau</u>	Email: <u>ebibeau@marathonoil.com</u>
Signature: <u>Erin Bibeau</u>	Title: <u>Regulatory Compliance Rep</u> Date: <u>06/12/2012</u>