

FORM
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OGCC RECEPTION

Receive Date:
06/18/2012

Document Number:
400296627

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 - 19251 - 00 Facility ID: _____ Location ID: _____
Facility Name: Werner 43D-23-692
Sec: 23 Twp: 6S Range: 92W QtrQtr: SWSE Lat: 39.507815 Long: -107.630221

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/20/2012 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: Andrea Rasey Email: arasey@billbarrettcorp.com
Signature: Andrea A Rasey Title: Admin. Assistant Date: 06/18/2012