



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10071</u>	Contact Person: <u>Jody South</u>
Company Name: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 293-9100</u>
Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>pat313@billbarrettcorp.com</u>
API #: <u>05 - 045 - 20865 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>FEDERAL 13A-34-691</u>	
Sec: <u>33</u> Twp: <u>6S</u> Range: <u>91W</u> QtrQtr: <u>SESE</u>	Lat: <u>39.479212</u> Long: <u>-107.553302</u>

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 07/13/2012 Time: 00:30 (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: Jody South Email: pat313@billbarrettcorp.com

Signature: _____ Title: _____ Date: 07/11/2012