

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
09/13/2012
Document Number:
400326709

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 - 21104 - 00 Facility ID: _____ Location ID: _____
Facility Name: Dixon Federal 11B-23-692
Sec: 23 Twp: 6S Range: 92W QtrQtr: SWNW Lat: 39.515757 Long: -107.642448

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/18/2012 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: Operations Tech. Date: 09/13/2012