



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>100322</u>	Contact Person: <u>Jason Menegatti</u>
Company Name: <u>NOBLE ENERGY INC</u>	Phone: <u>(970) 304-5054</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jmenegatti@nobleenergyinc.com</u>
API #: <u>05 - 123 - 35633 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>WELLS RANCH AA12-67-1HN</u>	
Sec: <u>12</u> Twp: <u>6N</u> Range: <u>63W</u> QtrQtr: <u>NENE</u>	Lat: <u>40.505870</u> Long: <u>-104.375700</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 11/03/2012 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: Jason Menegatti Email: jmenegatti@nobleenergyinc.com

Signature: Jason Menegatti Title: Production Engineer Date: 10/26/2012