

FORM
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OGCC RECEPTION
Receive Date:
07/25/2013
Document Number:
400455651

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10071 Contact Person: Bob O'Donovan
Company Name: BARRETT CORPORATION* BILL Phone: (303) 293-9100
Address: 1099 18TH ST STE 2300 Fax: ()
City: DENVER State: CO Zip: 80202 Email: djwellbore@billbarrettcorp.com
API #: 05 - 123 - 36897 - 00 Facility ID: _____ Location ID: _____
Facility Name: CVR 5-63-32-3225CDH
Sec: 32 Twp: 5N Range: 63W QtrQtr: NWSW Lat: 40.355070 Long: -104.468650

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required
Date of Treatment: 08/01/2013 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: Bob O'Donovan Email: djwellbore@billbarrettcorp.com
Signature: Bob O'Donovan Title: Completion Consultant Date: 07/25/2013