

FORM
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OGCC RECEPTION
Receive Date:
08/05/2013
Document Number:
400463384

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10071 Contact Person: Robert O'Donovan
Company Name: BARRETT CORPORATION* BILL Phone: (303) 293-9100
Address: 1099 18TH ST STE 2300 Fax: (303) 2910420
City: DENVER State: CO Zip: 80202 Email: djwellbore@billbarrettcorp.com
API #: 05 - 123 - 33925 - 00 Facility ID: _____ Location ID: _____
Facility Name: East Platte 1-01H
Sec: 1 Twp: 4N Range: 61W QtrQtr: Lot 4 Lat: 40.349325 Long: -104.168761

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 08/10/2013 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: Robert O'Donovan Email: djwellbore@billbarrettcorp.com
Signature: Robert O'Donovan Title: Completion Consultant Date: 08/05/2013