

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/09/2013**  
Document Number:  
**400465768**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10071 Contact Person: Falon Casey  
Company Name: BARRETT CORPORATION\* BILL Phone: (303) 312-8762  
Address: 1099 18TH ST STE 2300 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: fcasey@billbarrettcorp.com  
API #: 05 - 123 - 36899 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: CVR 5-63-32-3340BH  
Sec: 32 Twp: 5N Range: 63W QtrQtr: NWSW Lat: 40.355000 Long: -104.468650

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 08/16/2013 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: Falon Casey Email: fcasey@billbarrettcorp.com  
Signature: Falon Casey Title: Operations Technician Date: 08/09/2013