

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
08/30/2013
Document Number:
400475010

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10338</u>	Contact Person: <u>kirk williams</u>
Company Name: <u>CARRIZO OIL & GAS INC</u>	Phone: <u>(970) 441-0257</u>
Address: <u>500 DALLAS STREET #2300</u>	Fax: <u>(970) 867-9137</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	Email: <u>k.williams@schneiderenergy.com</u>
API #: <u>05 - 123 - 37073 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Castor 3-36-11-9-59</u>	
Sec: <u>36</u> Twp: <u>9N</u> Range: <u>59W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.712120</u> Long: <u>-103.930850</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/05/2013 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: kirk williams Email: k.williams@schneiderenergy.com

Signature: kirk williams Title: Well Site Supervisor Date: 08/30/2013