

FORM
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Rev
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OGCC RECEPTION
Receive Date:
09/04/2013
Document Number:
400476127

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10071 Contact Person: Falon Casey
Company Name: BARRETT CORPORATION* BILL Phone: (303) 3128762
Address: 1099 18TH ST STE 2300 Fax: ()
City: DENVER State: CO Zip: 80202 Email: fcasey@billbarrettcorp.com
API #: 05 - 123 - 33780 - 00 Facility ID: _____ Location ID: _____
Facility Name: Greasewood 08-18H
Sec: 18 Twp: 6N Range: 61W QtrQtr: NWNE Lat: 40.493764 Long: -104.251447

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/13/2013 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: 09/04/2013