

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**09/23/2013**  
Document Number:  
**400484268**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10439 Contact Person: kirk williams  
Company Name: CARRIZO NIOBRARA LLC Phone: (970) 441-0257  
Address: 500 DALLAS STREET #2300 Fax: (970) 867-9137  
City: HOUSTON State: TX Zip: 77002 Email: k.williams@schneider.com

API #: 05 - 123 - 37743 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Bob White 2-36-8-62  
Sec: 36 Twp: 8N Range: 62W QtrQtr: SWSW Lat: 40.611090 Long: -104.275110

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

Date of Treatment: 09/30/2013 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: 09/23/2013