

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**09/23/2013**  
Document Number:  
**400484657**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100322 Contact Person: Jason Menegatti  
Company Name: NOBLE ENERGY INC Phone: (970) 304-5054  
Address: 1625 BROADWAY STE 2200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: jmenegatti@nobleenergyinc.com  
API #: 05 - 123 - 37138 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: WELLS RANCH USX AA27-69-1HN  
Sec: 27 Twp: 6N Range: 63W QtrQtr: SWNW Lat: 40.461110 Long: -104.431510

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

Date of Treatment: 09/25/2013 Time: 18:30 (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: Jason Menegatti Email: jmenegatti@nobleenergyinc.com  
Signature: Jason Menegatti Title: Production Engineer Date: 09/23/2013