

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

**10/23/2013**

Document Number:

**400501313**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10439 Contact Person: ROBERT CHAMBERLIN  
Company Name: CARRIZO NIOBRARA LLC Phone: (713) 328-1000  
Address: 500 DALLAS STREET #2300 Fax: ( )  
City: HOUSTON State: TX Zip: 77002 Email: xtreme.17@crzo.net  
API #: 05 - 123 - 38350 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: SPEAKER 1-27-8-61  
Sec: 27 Twp: 8N Range: 61W QtrQtr: NWNW Lat: 40.639215 Long: -104.198938

**NOTICE OF SPUD – 48-hour notice required** **Surface Hole Spud ONLY**

Spud Date: 10/25/2013 Time: 09:30 (HH:MM)  
Rig Name: Xtreme 17

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: ROBERT CHAMBERLIN Email: xtreme.17@crzo.net  
Signature: ROBERT CHAMBERLIN Title: WELLSITE SUPERVISOR Date: 10/23/2013