

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**10/31/2013**

Document Number:  
**400505859**

**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@schneiderenergy.com

API #: 05 - 123 - 38239 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: NELSON RANCHES 4-27-10-59  
Sec: 28 Twp: 10N Range: 59W QtrQtr: SWSE Lat: 40.804340 Long: -103.981200

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

Date of Treatment: 11/04/2013 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: 10/31/2013