

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:

**12/10/2013**

Document Number:

**400524664**

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

Date of Treatment: 12/14/2013 Time: 06:00 (HH:MM) Anticipated Date of flowback: 12/15/2013

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: 12/10/2013