



OGCC RECEPTION  
Receive Date:  
**12/10/2013**  
Document Number:  
**400524707**

**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 - 38240 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Konig 2-31-11-59  
Sec: 31 Twp: 11N Range: 59W QtrQtr: Lot 4 Lat: 40.873720 Long: -104.027170

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

Date of Treatment: 12/11/2013 Time: 06:00 (HH:MM) Anticipated Date of flowback: 12/12/2013

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