

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:

01/17/2014

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10071 Contact Person: Cory Thomas
Company Name: BARRETT CORPORATION* BILL Phone: (303) 312-8706
Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202 Email: cthomas@billbarrettcorp.com
API #: 05 - 123 - 12706 - 00 Facility ID: _____ Location ID: _____
Facility Name: INDIAN TREE 1
Sec: 9 Twp: 6N Range: 66W QtrQtr: NENE Lat: 40.508270 Long: -104.776360

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)

Describe Permit Condition: Offset mitigation completed for the remediated well

Date: 11/12/2003 Time: 12:00 (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: Mary Pobuda Email: mpobuda@billbarrettcorp.com
Signature: _____ Title: _____ Date: 01/17/2014