

FORM
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Rev
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OGCC RECEPTION

Receive Date:
01/22/2014

Document Number:
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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 - 37897 - 00 Facility ID: _____ Location ID: _____
Facility Name: State 2-36-9-61
Sec: 36 Twp: 9N Range: 61W QtrQtr: NENE Lat: 40.711710 Long: -104.149490

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 02/04/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 02/10/2014

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: 01/22/2014