

FORM
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OGCC RECEPTION
Receive Date:
01/22/2014
Document Number:
400543705

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 - 38575 - 00 Facility ID: _____ Location ID: _____
Facility Name: Gaffney 2-29-8-61
Sec: 29 Twp: 8N Range: 61W QtrQtr: SWNW Lat: 40.633800 Long: -104.238270

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 02/11/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 02/14/2014

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