

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:  
**01/22/2014**

Document Number:  
**400543956**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10071 Contact Person: Mary Pobuda  
Company Name: BARRETT CORPORATION\* BILL Phone: (303) 312-8511  
Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
City: DENVER State: CO Zip: 80202 Email: mpobuda@billbarrettcorp.com  
API #: 05 - 123 - 14000 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: LUCAS SCHOOL 34-9  
Sec: 9 Twp: 6N Range: 66W QtrQtr: SWSE Lat: 40.497350 Long: -104.779920

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

Describe Permit Condition: Offset well mitigation completed for remediated well  
Date: 01/11/2014 Time: 12:30 (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: Permit Analyst Date: 01/22/2014