

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**02/10/2014**  
Document Number:  
**400552658**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10071 Contact Person: Casey Lauer  
Company Name: BARRETT CORPORATION\* BILL Phone: (970) 396-5960  
Address: 1099 18TH ST STE 2300 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: clauer@billbarrettcorp.com  
API #: 05 - 001 - 09788 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: State of CO 1S-66-36-3225BH  
Sec: 36 Twp: 1S Range: 66W QtrQtr: SWNW Lat: 39.925072 Long: -104.732414

NOTICE OF SPUD – 48-hour notice required **Surface Hole Spud ONLY**  
Spud Date: 02/12/2014 Time: 06:00 (HH:MM)  
Rig Name: Majors 43

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: Casey Lauer Email: clauer@billbarrettcorp.com  
Signature: Casey Lauer Title: \_\_\_\_\_ Date: 02/10/2014