

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**02/20/2014**  
Document Number:  
**400558216**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10071 Contact Person: Falon Casey  
Company Name: BARRETT CORPORATION\* BILL Phone: (303) 312-8762  
Address: 1099 18TH ST STE 2300 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: fcasey@billbarrettcorp.com

API #: 05 - 123 - 38036 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Anschutz State 5-62-27-0857BH  
Sec: 22 Twp: 5N Range: 62W QtrQtr: SESE Lat: 40.379067 Long: -104.301886

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 02/24/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 02/26/2014

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: Falon Casey Email: fcasey@billbarrettcorp.com  
Signature: Falon Casey Title: Ops Tech Date: 02/20/2014