



OGCC RECEPTION
Receive Date:
02/20/2014
Document Number:
400558219

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10071</u>	Contact Person: <u>Falon Casey</u>
Company Name: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 312-8762</u>
Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>fcasey@billbarrettcorp.com</u>
API #: <u>05 - 123 - 38211 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Kunsemiller 5-61-21-0108BH</u>	
Sec: <u>21</u> Twp: <u>5N</u> Range: <u>61W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.390352</u> Long: <u>-104.222580</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 02/27/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 03/01/2014

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