

FORM
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OGCC RECEPTION
Receive Date:
02/21/2014
Document Number:
400559436

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 96155 Contact Person: Pauleen Tobin
Company Name: WHITING OIL AND GAS CORPORATION Phone: (303) 837-1661
Address: 1700 BROADWAY STE 2300 Fax: (303) 495-6780
City: DENVER State: CO Zip: 80290 Email: pollyt@whiting.com
API #: 05 - 123 - 37839 - 00 Facility ID: _____ Location ID: _____
Facility Name: Razor 21C-2805A
Sec: 21 Twp: 10N Range: 58W QtrQtr: NENW Lat: 40.830131 Long: -103.873178

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 02/24/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 04/01/2014

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: Pauleen Tobin Email: pollyt@whiting.com
Signature: _____ Title: Engineer Tech Date: 02/21/2014