

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:

06/19/2014

Document Number:

400629607

NOTICE OF NOTIFICATION

Entity Information

| | |
|--|--|
| OGCC Operator Number: <u>96155</u> | Contact Person: <u>Ed Moore</u> |
| Company Name: <u>WHITING OIL AND GAS CORPORATION</u> | Phone: <u>(970) 556-2144</u> |
| Address: <u>1700 BROADWAY STE 2300</u> | Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u> | Email: <u>edward.moore@whiting.com</u> |

| | | |
|---|--------------------------|---------------------------------------|
| API #: <u>05 - 123 - 38346 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>Razor Federal 26J-3511A</u> | | |
| Sec: <u>26</u> | Twp: <u>10N</u> | Range: <u>58W</u> QtrQtr: <u>NWSE</u> |
| Lat: <u>40.808756</u> | Long: <u>-103.829622</u> | |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

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|--------------------------------------|----------------------------|---|
| Date of Treatment: <u>06/23/2014</u> | Time: <u>08:00</u> (HH:MM) | Anticipated Date of flowback: <u>08/08/2014</u> |
|--------------------------------------|----------------------------|---|

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>Elvera Berryman</u> | Email: <u>elvera.berryman@whiting.com</u> |
| Signature: _____ | Title: <u>Engineering Technician</u> Date: <u>06/19/2014</u> |