

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:

08/08/2014

Document Number:

400659789

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>96155</u>	Contact Person: <u>James Kopp</u>
Company Name: <u>WHITING OIL AND GAS CORPORATION</u>	Phone: <u>(303) 357-1410</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>James.Kopp@whiting.com</u>
API #: <u>05 - 123 - 37992 - 00</u> Facility ID: _____ Location ID: _____	
Facility Name: <u>Razor 26L-3502B</u>	<input checked="" type="checkbox"/> Submit By Other Operator
Sec: <u>26</u> Twp: <u>10N</u> Range: <u>58W</u> QtrQtr: <u>NWSW</u>	Lat: <u>40.808533</u> Long: <u>-103.839411</u>

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

Date of Treatment: 08/11/2014 Time: 07:00 (HH:MM) Anticipated Date of flowback: 09/24/2014

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>Pauleen Tobin</u>	Email: <u>pollyt@whiting.com</u>
Signature: _____	Title: <u>Enginner Tech</u> Date: <u>08/08/2014</u>