

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:

400659801

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 - 37988 - 00</u> Facility ID: _____ Location ID: _____ | |
| Facility Name: <u>Razor 26L-3504B</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>-103.839172</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>Engineer Tech</u> Date: <u>08/08/2014</u> |