

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:

08/26/2014

Document Number:

400644232

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10000</u>	Contact Person: <u>Patti Campbell</u>
Company Name: <u>BP AMERICA PRODUCTION COMPANY</u>	Phone: <u>(970) 335-3828</u>
Address: <u>501 WESTLAKE PARK BLVD</u>	Fax: <u>(970) 375-7529</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>	Email: <u>patricia.campbell@bp.com</u>

  

API #: <u>05 - 067 - 09058 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>FC SOUTHERN UTE COM 006 2</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>12</u> Twp: <u>33N</u> Range: <u>9W</u> QtrQtr: <u>NESW</u>	Lat: <u>37.115861</u>	Long: <u>-107.780996</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/05/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 09/29/2014

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>Patti Campbell</u>	Email: <u>patricia.campbell@bp.com</u>
Signature: _____	Title: <u>Regulatory Analyst</u> Date: <u>08/26/2014</u>