

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:

09/19/2014

Document Number:

400691960

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>100322</u>	Contact Person: <u>Brian Pearson</u>
Company Name: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 710-1588</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bpearson@nobleenergyinc.com</u>
API #: <u>05 - 123 - 38147 - 00</u> Facility ID: _____ Location ID: _____	
Facility Name: <u>Mackinaw A19-79HNA</u> <input type="checkbox"/> Submit By Other Operator	
Sec: <u>24</u> Twp: <u>6N</u> Range: <u>65W</u> QtrQtr: <u>NENE</u>	Lat: <u>40.477820</u> Long: <u>-104.605740</u>

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

Date of Treatment: 09/26/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 09/28/2014

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>Brian K Pearson</u>	Email: <u>bpearson@nobleenergyinc.com</u>
Signature: <u>Brian K Pearson</u>	Title: <u>Stimulation Team Lead</u> Date: <u>09/19/2014</u>