

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:

**10/05/2014**

Document Number:

**400701529**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10439 Contact Person: kirk williams  
Company Name: CARRIZO NIOBRARA LLC Phone: (970) 441-0257  
Address: 500 DALLAS STREET #2300 Fax: (970) 867-9137  
City: HOUSTON State: TX Zip: 77002 Email: k.williams@schneiderenergy.com  
API #: 05 - 123 - 40028 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Shull 3-35-9-60 ☐ Submit By Other Operator  
Sec: 35 Twp: 9N Range: 60W QtrQtr: NENE Lat: 40.713220 Long: -104.054300

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

Date of Treatment: 10/13/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 10/09/2014

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: kirk williams Email: k.williams@schneiderenergy.com  
Signature: Kirk Williams Title: Well Site Supervisor Date: 10/05/2014