

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:

12/05/2014

Document Number:

400746853

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>26580</u>	Contact Person: <u>Justin Carlile</u>
Company Name: <u>BURLINGTON RESOURCES OIL & GAS LP</u>	Phone: <u>(281) 206-5770</u>
Address: <u>PO BOX 4289</u>	Fax: <u>(281) 647-1935</u>
City: <u>FARMINGTON</u> State: <u>NM</u> Zip: <u>87499</u>	Email: <u>Justin.Carlile@conocophillips.com</u>

API #: <u>05 - 005 - 07224 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Sky Ranch 4-65 9-10 1H</u>		<input type="checkbox"/> Submit By Other Operator
Sec: <u>10</u>	Twp: <u>4S</u>	Range: <u>65W</u> QtrQtr: <u>NENE</u>
Lat: <u>39.723814</u>		Long: <u>-104.642000</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 12/08/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 01/20/2015

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>Justin Carlile</u>	Email: <u>Justin.Carlile@conocophillips.com</u>
Signature: <u>Justin Carlile</u>	Title: <u>Regulatory Specialist</u> Date: <u>12/05/2014</u>