

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:  
**12/18/2014**

Document Number:  
**400755153**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10459 Contact Person: Taylor Heffner  
Company Name: EXTRACTION OIL & GAS LLC Phone: (720) 9742019  
Address: 1888 SHERMAN ST #200 Fax: ( )  
City: DENVER State: CO Zip: 80203 Email: theffner@extractionog.com  
API #: 05 - 123 - 08783 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: HALEY 44-32  Submit By Other Operator  
Sec: 32 Twp: 2N Range: 67W QtrQtr: SESE Lat: 40.089450 Long: -104.907610

**START OF PLUGGING OPERATIONS - 48-hour notice required**

Date: 12/19/2014 Time: 07:00 (HH:MM)

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: Taylor Heffner Email: theffner@extractionog.com  
Signature: Taylor Heffner Title: Production Engineer Date: 12/18/2014