

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:

01/11/2015

Document Number:

400768430

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>100322</u>	Contact Person: <u>Colby Horton</u>
Company Name: <u>NOBLE ENERGY INC</u>	Phone: <u>(970) 396-2532</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>chorton@nobleenergyinc.com</u>

API #: <u>05 - 123 - 39699 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Mecklenburg State LD01-73HN</u>		<input type="checkbox"/> Submit By Other Operator
Sec: <u>1</u>	Twp: <u>9N</u>	Range: <u>58W</u> QtrQtr: <u>SESE</u>
Lat: <u>40.774270</u>	Long: <u>-103.806900</u>	

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 01/14/2015 Time: 06:00 (HH:MM) Anticipated Date of flowback: 01/27/2015

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>Colby Horton</u>	Email: <u>chorton@nobleenergyinc.com</u>
Signature: <u>Colby Horton</u>	Title: <u>Frac Manager</u> Date: <u>01/11/2015</u>