

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:

02/12/2015

Document Number:

400770340

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>96155</u>	Contact Person: <u>Anna Cillo</u>
Company Name: <u>WHITING OIL &amp; GAS CORPORATION</u>	Phone: <u>(303) 390-1328</u>
Address: <u>1700 BROADWAY STE 2300</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>	Email: <u>anna.cillo@whiting.com</u>
API #: <u>05 - 123 - 39305 - 00</u> Facility ID: _____ Location ID: _____	
Facility Name: <u>Razor 330-2812</u> <input type="checkbox"/> Submit By Other Operator	
Sec: <u>33</u> Twp: <u>10N</u> Range: <u>58W</u> QtrQtr: <u>SWSE</u>	Lat: <u>40.788564</u> Long: <u>-103.867167</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 02/16/2015 Time: 07:00 (HH:MM) Anticipated Date of flowback: 03/15/2015

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>Anna Cillo</u>	Email: <u>anna.cillo@whiting.com</u>
Signature: <u>Anna K. Cillo</u>	Title: <u>Engineering Technician</u> Date: <u>02/12/2015</u>