

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:

02/19/2015

Document Number:

400795337

NOTICE OF NOTIFICATION

Entity Information

| | |
|--|---|
| OGCC Operator Number: <u>10071</u> | Contact Person: <u>Venessa Langmacher</u> |
| Company Name: <u>BARRETT CORPORATION* BILL</u> | Phone: <u>(303) 312-8172</u> |
| Address: <u>1099 18TH ST STE 2300</u> | Fax: <u>(303) 291-0420</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>vlangmacher@billbarrettcorp.com</u> |

| | | |
|--|--------------------|---|
| API #: <u>05 - 123 - 39420 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>Anschutz Equus Farms 4-62-15-0362CH2</u> | | <input type="checkbox"/> Submit By Other Operator |
| Sec: <u>15</u> | Twp: <u>4N</u> | Range: <u>62W</u> QtrQtr: <u>NENW</u> |
| Lat: <u>40.319000</u> | | Long: <u>-104.313008</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 02/22/2015 Time: 08:00 (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>Venessa Langmacher</u> | Email: <u>vlangmacher@billbarrettcorp.com</u> |
| Signature: <u>Venessa Langmacher</u> | Title: <u>Sr Permit Analyst</u> Date: <u>02/19/2015</u> |