

**FORM****42**Rev  
03/15**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:

**03/02/2016**

Document Number:

**400998993****FIELD OPERATIONS NOTICE**

The Form 42 shall be submitted as required by Rule, Notice to Operators, Policy, or Condition of Approval.  
A Form 42 Update shall be submitted to revise the scheduled date or time on a previous Form 42 - Advance Notice of Field Operations.  
A Form 42 Update must be for the same well, location, or facility and for the same Field Operation as a previous Form 42.  
NOTE: Operator's Contact for Advance Notices of Field Operations should be available 24 hours a day, 7 days a week and should have the most current scheduling information for the operation. Operator's Contact for other notices should be able to respond to questions regarding the reported information.

Update of a previous Form 42 Notice NO**Entity Information**

|  |  |
|--|--|
| OGCC Operator Number: <u>10071</u>                     | Contact Person: <u>MATT SCHWARTZ</u>         |
| Company Name: <u>BARRETT CORPORATION* BILL</u>         | Phone: <u>(303) 312-8142</u>                 |
| Address: <u>1099 18TH ST STE 2300</u>                  | Fax: <u>( )</u>                              |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>MASCHWARTZ@BILLBARRETTCORP.COM</u> |

|  |                    |  |
|--|--------------------|--|
| API #: <u>05 - 123 - 42156 - 00</u>                      | Facility ID: _____ | Location ID: _____   |
| Facility Name: <u>Anschutz Equus Farms 4-62-9-4956C2</u> |                    | <input type="checkbox"/> Submit By Other Operator                                    |
| Sec: <u>9</u>  | Twp: <u>4N</u>     | Range: <u>62W</u> QtrQtr: <u>SWSW</u> Lat: <u>40.322453</u> Long: <u>-104.338286</u> |

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 03/09/2016 Time: 06:00 (HH:MM) Anticipated Date of Flowback: 06/01/2016**FOR GAS WELLS ONLY:**

- ☐ This well is a Gas Well, anticipated to have a Gas-to-Oil Ratio (GOR) equal to or greater than 15,000 scf/bbl.
- ☐ This Form 42 is submitted to satisfy notification requirements under NSPS OOOO, 40 C.F.R. Part 60, &60.5420(a)(2)(i).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.

|                                |  |
|--------------------------------|--|
| Print Name: <u>BRADY RILEY</u> | Email: <u>BRILEY@BILLBARRETTCORP.COM</u>             |
| Signature: _____               | Title: <u>PERMIT ANALYST</u> Date: <u>03/02/2016</u> |