

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**04/17/2012**

Document Number:  
**400273520**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10071 Contact Person: Jody South  
Company Name: BARRETT CORPORATION\* BILL Phone: (303) 353-5394  
Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
City: DENVER State: CO Zip: 80202 Email: pat313@billbarrettcorp.com  
API #: 05 - 045 - 21259 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Scott 43C-25-692  
Sec: 30 Twp: 6S Range: 91W QtrQtr: SWSW Lat: 39.492435 Long: -107.605298

**BLOW OUT PREVENTER TEST – 24-Hour notice**

Test Date: 04/18/2012 Time: 17:00 (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: Mary Pobuda Email: mpobuda@billbarrettcorp.com  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 04/17/2012