

FORM
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OGCC RECEPTION
Receive Date:
04/18/2012
Document Number:
400273623

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10071 Contact Person: Andrea Rasey
Company Name: BARRETT CORPORATION* BILL Phone: (303) 312-8528
Address: 1099 18TH ST STE 2300 Fax: ()
City: DENVER State: CO Zip: 80202 Email: arasey@billbarrettcorp.com
API #: 05 - 045 - 19694 - 00 Facility ID: _____ Location ID: _____
Facility Name: Kaufman 43D-25-692
Sec: 30 Twp: 6S Range: 91W QtrQtr: NWNW Lat: 39.503013 Long: -107.604506

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 04/20/2012 Time: 12:00 (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: Andrea Rasey Email: arasey@billbarrettcorp.com
Signature: Andrea A Rasey Title: Admin Assistant Date: 04/18/2012