



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10071</u>	Contact Person: <u>Cecil Crow</u>
Company Name: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 353-5394</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>pat313@billbarrettcorp.com</u>
API #: <u>05 - 045 - 21258 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Scott 44A-25-692</u>	
Sec: <u>30</u> Twp: <u>6S</u> Range: <u>91W</u> QtrQtr: <u>SWSW</u>	Lat: <u>39.492437</u> Long: <u>-107.605412</u>

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 05/30/2012 Time: 06:00 (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: Cecil E. Crow Email: pat313@billbarrettcorp.com

Signature: Cecil E. Crow Title: Drilling Supervisor Date: 05/29/2012