

FORM
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OGCC RECEPTION
Receive Date:
06/11/2012
Document Number:
400294556

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 - 033 - 06158 - 00 Facility ID: _____ Location ID: _____
Facility Name: Cox 2S-12-39-18
Sec: 12 Twp: 39N Range: 18W QtrQtr: NWNE Lat: 37.660080 Long: -108.780400

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/14/2012 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: Andrea Rasey Email: arasey@billbarrettcorp.com
Signature: Andrea A Rasey Title: Admin. Assistant Date: 06/11/2012