



**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 - 20862 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>FEDERAL 14D-34-691</u>	
Sec: <u>33</u> Twp: <u>6S</u> Range: <u>91W</u> QtrQtr: <u>SESE</u>	Lat: <u>39.479206</u> Long: <u>-107.553245</u>

**SIGNIFICANT LOST CIRCULATION – Notify within 24 hours, report mud losses in excess of 100 barrels which require shutdown of operations for an hour or longer to pump lost circulation material and rebuild pit volume**

Date of Lost Circulation: 06/25/2012 Time: 09:00 (HH:MM)  
Measure Depth: 3699 (feet) Mud Volume Lost: 248 (bbl)  
Significant Kick Ensued? No

A Form 23 (Well Control Report) is required for Significant Kicks within 15 days. A significant kick shall be defined as one that is managed by shutting in the well to circulate out the kick or that is managed by going on choke and requiring an increase in mud weight exceeding 3/10ths of one pound per gallon to control.

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: 06/25/2012