

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
06/27/2012
Document Number:
400300029

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10071 Contact Person: Jim Boyd
Company Name: BARRETT CORPORATION* BILL Phone: (281) 846-7650
Address: 1099 18TH ST STE 2300 Fax: ()
City: DENVER State: CO Zip: 80202 Email: wyomingrig1@billbarrettcop.com
API #: 05 - 123 - 35268 - 00 Facility ID: _____ Location ID: _____
Facility Name: Siebring 5-63-32-16H
Sec: 32 Twp: 5N Range: 63W QtrQtr: SENE Lat: 40.357890 Long: -104.451260

BLOW OUT PREVENTER TEST – 24-Hour notice
Test Date: 06/28/2012 Time: 10:00 (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: Jim Boyd Email: wyomingrig1@billbarrettcop.com
Signature: Jim Boyd Title: Rig Supervisor Date: 06/27/2012