

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**07/23/2012**

Document Number:  
**400308597**

**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@billbarrettcorp.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: 07/25/2012 Time: 22:00 (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@billbarrettcorp.com  
Signature: Jim Boyd Title: Co-Man Date: 07/23/2012