

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/15/2012**  
Document Number:  
**400315925**

**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 - 045 - 21251 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Scott 44C-25-692  
Sec: 30 Twp: 6S Range: 91W QtrQtr: SWSW Lat: 39.492436 Long: -107.605355

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 08/17/2012 Time: 12:00 (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: Operations Tech. Date: 08/15/2012