

FORM
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OGCC RECEPTION

Receive Date:
10/12/2012

Document Number:
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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10338 Contact Person: Tina Taylor
Company Name: CARRIZO OIL & GAS INC Phone: (713) 328-1000
Address: 500 DALLAS STREET #2300 Fax: (713) 328-1060
City: HOUSTON State: TX Zip: 77002 Email: tina.taylor@crzo.net

API #: 05 - 123 - 35313 - 00 Facility ID: _____ Location ID: _____
Facility Name: Jones 18-14-10-59
Sec: 18 Twp: 10N Range: 59W QtrQtr: Lot 14 Lat: 40.829430 Long: -104.026470

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 10/15/2012 Time: 08:00 (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: Tina Taylor Email: tina.taylor@crzo.net
Signature: _____ Title: Regulatory Compliance Date: 10/12/2012