



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>100322</u>	Contact Person: <u>Greg Synowka III</u>
Company Name: <u>NOBLE ENERGY INC</u>	Phone: <u>(970) 304-5238</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>gsynowka@nobleenergyinc.com</u>
API #: <u>05 - 123 - 36534 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>LUCCI STATE B03-69HNL</u>	
Sec: <u>1</u> Twp: <u>5N</u> Range: <u>64W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.434640</u> Long: <u>-104.505640</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/03/2013 Time: 06:00 (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: Gregory M. Synowka III Email: gsynowka@nobleenergyinc.com

Signature: Gregory M. Synowka III Title: Production Engineer III Date: 04/26/2013