

FORM
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OGCC RECEPTION

Receive Date:
04/29/2013

Document Number:
400410838

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10071 Contact Person: Andrea Rasey
Company Name: BARRETT CORPORATION* BILL Phone: (303) 3128528
Address: 1099 18TH ST STE 2300 Fax: ()
City: DENVER State: CO Zip: 80202 Email: arasey@billbarrettcorp.com
API #: 05 - 123 - 33406 - 00 Facility ID: _____ Location ID: _____
Facility Name: Dutch Lake 17-25H
Sec: 25 Twp: 6N Range: 62W QtrQtr: NWNW Lat: 40.464536 Long: -104.278825

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/04/2013 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: Andrea Rasey Email: arasey@billbarrettcorp.com
Signature: Andrea A Rasey Title: Ops Tech Date: 04/29/2013