



NOTICE OF NOTIFICATION

Entity Information

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| OGCC Operator Number: <u>10071</u> | Contact Person: <u>ROBERT SCHULTZ</u> |
| Company Name: <u>BARRETT CORPORATION* BILL</u> | Phone: <u>(970) 309-0755</u> |
| Address: <u>1099 18TH ST STE 2300</u> | Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>naborsm37@billbarrettcorp.com</u> |
| API #: <u>05 - 123 - 36899 - 00</u> Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>CVR 5-63-32-3340BH</u> | |
| Sec: <u>32</u> Twp: <u>5N</u> Range: <u>63W</u> QtrQtr: <u>NWSW</u> | Lat: <u>40.355000</u> Long: <u>-104.468650</u> |

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: 05/09/2013 Time: 16:00 (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: ROBERT SCHULTZ Email: naborsm37@billbarrettcorp.com

Signature: _____ Title: co-man Date: 05/03/2013