



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10071</u>	Contact Person: <u>Andrea Rasey</u>
Company Name: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 312-8528</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>arasey@billbarrettcorp.com</u>
API #: <u>05 - 123 - 37220 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Pappenheim 6-62-27-0108BH</u>	
Sec: <u>27</u> Twp: <u>6N</u> Range: <u>62W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.461920</u> Long: <u>-104.317430</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/13/2013 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: 06/05/2013