

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**06/11/2013**  
Document Number:  
**400431514**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10439 Contact Person: BILL FOSTER  
Company Name: CARRIZO NIOBRARA LLC Phone: (970) 373-1166  
Address: 500 DALLAS STREET #2300 Fax: (970) 373-1180  
City: HOUSTON State: TX Zip: 77002 Email: xtreme.19@crzo.net  
API #: 05 - 123 - 37243 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Shull 4-25-9-60  
Sec: 25 Twp: 9N Range: 60W QtrQtr: SWSE Lat: 40.714690 Long: -104.035220

NOTICE OF SPUD – 48-hour notice required **Surface Hole Spud ONLY**

Spud Date: 06/14/2013 Time: 01:00 (HH:MM)  
Rig Name: Xtreme 19

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: Bill Foster Email: xtreme.19@crzo.net  
Signature: Wm. R. Foster Title: Consultant Date: 06/11/2013