

FORM  
42  
Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION  
Receive Date:  
**08/19/2013**  
Document Number:  
**400469104**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10338 Contact Person: kirk williams  
Company Name: CARRIZO OIL & GAS INC Phone: (970) 441-0257  
Address: 500 DALLAS STREET #2300 Fax: (970) 867-9137  
City: HOUSTON State: TX Zip: 77002 Email: k.williams@schneiderenergy.com

API #: 05 - 123 - 34098 - 01 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Speaker 2-27-31-8-61  
Sec: 27 Twp: 8N Range: 61W QtrQtr: NWNE Lat: 40.639230 Long: -104.188060

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**  
Date of Treatment: 08/20/2013 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: Kirk Williams Email: k.williams@schneiderenergy.com  
Signature: Kirk Williams Title: Well Site Supervisor Date: 08/19/2013