

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
08/19/2013
Document Number:
400469146

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10071 Contact Person: Falon Casey
Company Name: BARRETT CORPORATION* BILL Phone: (303) 312-8762
Address: 1099 18TH ST STE 2300 Fax: ()
City: DENVER State: CO Zip: 80202 Email: fcasey@billbarrettcorp.com
API #: 05 - 123 - 34092 - 00 Facility ID: _____ Location ID: _____
Facility Name: ANSCHUTZ WINDMILL 10-34H
Sec: 34 Twp: 5N Range: 62W QtrQtr: SESE Lat: 40.350769 Long: -104.302253

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required
Date of Treatment: 08/25/2013 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: Falon Casey Email: fcasey@billbarrettcorp.com
Signature: Falon Casey Title: Operations Technician Date: 08/19/2013