

FORM
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OGCC RECEPTION
Receive Date:
09/24/2013
Document Number:
400484986

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 96155 Contact Person: Ed Moore
Company Name: WHITING OIL AND GAS CORPORATION Phone: (970) 556-2144
Address: 1700 BROADWAY STE 2300 Fax: ()
City: DENVER State: CO Zip: 80290 Email: edward.moore@whiting.com
API #: 05 - 123 - 36647 - 00 Facility ID: _____ Location ID: _____
Facility Name: Horsetail 07-0611H
Sec: 7 Twp: 10N Range: 57W QtrQtr: Lot 2 Lat: 40.853973 Long: -103.801650

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/25/2013 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: Pauleen Tobin Email: pollyt@whiting.com
Signature: _____ Title: Engineer Tech Date: 09/24/2013