

FORM
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OGCC RECEPTION
Receive Date:
10/08/2013
Document Number:
400491888

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 26580 Contact Person: Justin Carlile
Company Name: BURLINGTON RESOURCES OIL & GAS LP Phone: (432) 202-4112
Address: PO BOX 4289 Fax: (281) 647-1935
City: FARMINGTON State: NM Zip: 87499 Email: justin.carlile@conocophillips.com
API #: 05 - 005 - 07173 - 00 Facility ID: _____ Location ID: _____
Facility Name: WATKINS 4-64-19-1H
Sec: 19 Twp: 4S Range: 64W QtrQtr: NENE Lat: 39.695295 Long: -104.584764

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 10/10/2013 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: Justin Carlile Email: justin.carlile@conocophillips.com
Signature: Justin Carlile Title: Regulatory Specialist Date: 10/08/2013