

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:

**10/29/2013**

Document Number:

**400504425**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10000 Contact Person: Patti Campbell  
Company Name: BP AMERICA PRODUCTION COMPANY Phone: (970) 335-3828  
Address: 501 WESTLAKE PARK BLVD Fax: (970) 335-3837  
City: HOUSTON State: TX Zip: 77079 Email: patricia.campbell@bp.com  
API #: 05 - 067 - 08954 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: LAMKE GS UNIT A 2  
Sec: 27 Twp: 34N Range: 8W QtrQtr: SWNE Lat: 37.165266 Long: -107.700325

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 11/11/2013 Time: 05:00 (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: Patricia Campbell Email: patricia.campbell@bp.com  
Signature: \_\_\_\_\_ Title: Regulatory Analyst Date: 10/29/2013