

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**11/06/2013**  
Document Number:  
**400507863**

**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 - 33649 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Greasewood 09-19H  
Sec: 19 Twp: 6N Range: 61W QtrQtr: Lot 1 Lat: 40.479306 Long: -104.259739

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

Date of Treatment: 11/12/2013 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: Ops Tech Date: 11/06/2013