

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:

11/08/2013

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10459 Contact Person: CLAYTON DOKE
Company Name: EXTRACTION OIL & GAS LLC Phone: (720) 420-5700
Address: 1888 SHERMAN ST #500 Fax: (720) 420-5800
City: DENVER State: CO Zip: 80203 Email: cdoke@iptengineers.com
API #: 05 - 123 - 36164 - 00 Facility ID: _____ Location ID: _____
Facility Name: WINDER 9-41
Sec: 9 Twp: 6N Range: 67W QtrQtr: NENE Lat: 40.507220 Long: -104.891280

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 11/10/2013 Time: 13:00 (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: Clayton Doke Email: cdoke@iptengineers.com
Signature: Clayton Doke Title: Senior Engineer Date: 11/08/2013