

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:  
**400509675**

**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