

FORM
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OGCC RECEPTION
Receive Date:
11/16/2013
Document Number:
400514025

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10439 Contact Person: kirk williams
Company Name: CARRIZO NIOBRARA LLC Phone: (970) 441-0257
Address: 500 DALLAS STREET #2300 Fax: (970) 867-9137
City: HOUSTON State: TX Zip: 77002 Email: k.williams@schneiderenergy.com
API #: 05 - 123 - 38240 - 00 Facility ID: _____ Location ID: _____
Facility Name: Konig 2-31-11-59
Sec: 31 Twp: 11N Range: 59W QtrQtr: Lot 4 Lat: 40.873720 Long: -104.027170

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 11/18/2013 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: kirk williams Email: k.williams@schneiderenergy.com
Signature: KIRK WILLIAMS Title: Well Site Supervisor Date: 11/16/2013