

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**12/10/2013**  
Document Number:  
**400524687**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10338 Contact Person: kirk williams  
Company Name: CARRIZO OIL & GAS INC 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 - 36578 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: O'Hare 1-5-10-57  
Sec: 5 Twp: 10N Range: 57W QtrQtr: Lot 3 Lat: 40.874430 Long: -103.778490

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

Date of Treatment: 12/17/2013 Time: 06:00 (HH:MM) Anticipated Date of flowback: 12/18/2013

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: Wekk Site Supervisor Date: 12/10/2013