

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**01/22/2014**

Document Number:  
**400543670**

**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 - 38453 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: STATE 4-16-9-60  
Sec: 16 Twp: 9N Range: 60W QtrQtr: NWNW Lat: 40.754950 Long: -104.104630

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

Date of Treatment: 01/28/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 02/03/2014

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: 01/22/2014