

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**02/19/2014**  
Document Number:  
**400557288**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>10439</u>	Contact Person: <u>Bob McNeese</u>
Company Name: <u>CARRIZO NIOBRARA LLC</u>	Phone: <u>(970) 373-1166</u>
Address: <u>500 DALLAS STREET #2300</u>	Fax: <u>( )</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	Email: <u>xtreme.19@crzo.net</u>
API #: <u>05 - 123 - 38612 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>BRINGELSON RANCH 9-20-9-58</u>	
Sec: <u>20</u> Twp: <u>9N</u> Range: <u>58W</u> QtrQtr: <u>NWSW</u>	Lat: <u>40.734690</u> Long: <u>-103.895580</u>

NOTICE OF SPUD – 48-hour notice required      **Surface Hole Spud ONLY**

Spud Date: 02/20/2014      Time: 06:00 (HH:MM)

Rig Name: Xtreme 19

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: Bob McNeese      Email: xtreme.19@crzo.net

Signature: \_\_\_\_\_      Title: \_\_\_\_\_      Date: 02/19/2014