

FORM
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Rev
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OGCC RECEPTION
Receive Date:
02/24/2014
Document Number:
400561215

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10071 Contact Person: Mary Pobuda
Company Name: BARRETT CORPORATION* BILL Phone: (303) 312-8511
Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202 Email: mpobuda@billbarrettcorp.com
API #: 05 - 123 - 05177 - 00 Facility ID: _____ Location ID: _____
Facility Name: Kunsemiller 1
Sec: 21 Twp: 5N Range: 61W QtrQtr: SWNW Lat: 40.387027 Long: -104.218944

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)
Describe Permit Condition: Offset mitigation (P&A) is completed.
Date: 02/23/2014 Time: 14:00 (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: Mary Pobuda Email: mpobuda@billbarrettcorp.com
Signature: _____ Title: Permit Analyst Date: 02/24/2014