

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

04/13/2014

Document Number:

400588987

NOTICE OF NOTIFICATION

Entity Information

| | |
|---|--|
| OGCC Operator Number: <u>10439</u> | Contact Person: <u>kirk williams</u> |
| Company Name: <u>CARRIZO NIOBRARA LLC</u> | Phone: <u>(970) 441-0257</u> |
| Address: <u>500 DALLAS STREET #2300</u> | Fax: <u>(970) 867-9137</u> |
| City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u> | Email: <u>k.williams@schneiderenergy.com</u> |

| | | |
|--|--------------------------|---------------------------------------|
| API #: <u>05 - 123 - 38584 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>Bringelson Ranch 7-20-9-58</u> | | |
| Sec: <u>20</u> | Twp: <u>9N</u> | Range: <u>58W</u> QtrQtr: <u>SWSW</u> |
| Lat: <u>40.731530</u> | Long: <u>-103.895570</u> | |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

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|--------------------------------------|----------------------------|---|
| Date of Treatment: <u>04/27/2014</u> | Time: <u>06:00</u> (HH:MM) | Anticipated Date of flowback: <u>05/06/2014</u> |
|--------------------------------------|----------------------------|---|

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: <u>kirk williams</u> | Email: <u>k.williams@schneiderenergy.com</u> |
| Signature: <u>Kirk Williams</u> | Title: <u>Well Site Supervisor</u> Date: <u>04/13/2014</u> |