

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:

07/14/2014

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10000 Contact Person: Patti Campbell
Company Name: BP AMERICA PRODUCTION COMPANY Phone: (970) 335-3828
Address: 501 WESTLAKE PARK BLVD Fax: (970) 375-7529
City: HOUSTON State: TX Zip: 77079 Email: patricia.campbell@bp.com
API #: 05 - 067 - 09043 - 00 Facility ID: _____ Location ID: _____
Facility Name: LASH UTE 01-21 2
Sec: 21 Twp: 33N Range: 9W QtrQtr: NESW Lat: 37.087892 Long: -107.832380

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 07/24/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 08/29/2014

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: Patti Campbell Email: patricia.campbell@bp.com
Signature: _____ Title: Regulatory Analyst Date: 07/14/2014