

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:

07/23/2014

Document Number:

400649201

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 708 Contact Person: Heidi Reger
Company Name: ADVANCED RECOVERY SERVICES CO Phone: (303) 312-8768
Address: P O BOX 5143 Fax: ()
City: ENGLEWOOD State: CO Zip: 80155 Email: jreger@billbarrettcorp.com
API #: 05 - 123 - 13021 - 00 Facility ID: _____ Location ID: _____
Facility Name: JACOBS/MGF R-1
Sec: 20 Twp: 5N Range: 61W QtrQtr: CSE Lat: 40.382517 Long: -104.228334

START OF PLUGGING OPERATIONS - 48-hour notice required

Date: 07/24/2014 Time: 18:00 (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: Heidi Reger Email: jreger@billbarrettcorp.com
Signature: _____ Title: _____ Date: 07/23/2014