

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:

**10/05/2014**

Document Number:

**400701523**

**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 - 37239 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Shull 1-35-9-60</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>35</u> Twp: <u>9N</u> Range: <u>60W</u> QtrQtr: <u>NENE</u>	Lat: <u>40.713180</u>	Long: <u>-104.054300</u>

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 10/13/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 10/09/2014

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: <u>kirk williams</u>	Email: <u>k.williams@schneiderenergy.com</u>
Signature: <u>Kirk Williams</u>	Title: <u>Well Site Supervisor</u> Date: <u>10/05/2014</u>