

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:

01/13/2015

Document Number:

400769867

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>10459</u>	Contact Person: <u>Jesse Silva</u>
Company Name: <u>EXTRACTION OIL &amp; GAS LLC</u>	Phone: <u>(970) 396-0421</u>
Address: <u>1888 SHERMAN ST #200</u>	Fax: <u>(970) 534-6001</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>jsilva@extractionog.com</u>

  

API #: <u>05 - 123 -</u>	Facility ID: _____	Location ID: <u>438262</u>
Facility Name: <u>Nelson Farm 28-A Pad</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>28</u> Twp: <u>7N</u> Range: <u>67W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.550224</u>	Long: <u>-104.906395</u>

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

Date of Treatment: 01/18/2015 Time: 10:00 (HH:MM) Anticipated Date of flowback: 03/31/2015

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>Janni Keidel</u>	Email: <u>jkeidel@extractionog.com</u>
Signature: <u>Janni Keidel</u>	Title: <u>Sr. Regulatory Specialist</u> Date: <u>01/13/2015</u>