

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:

03/13/2015

Document Number:

400808254

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10071</u>	Contact Person: <u>Heidi Reger</u>
Company Name: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 312-8768</u>
Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>(303) 291-0420</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>hreger@billbarrettcorp.com</u>

API #: <u>05 - 123 - 40444 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Anschutz Equus Farms 4-62-15-0560BH2</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>15</u> Twp: <u>4N</u> Range: <u>62W</u> QtrQtr: <u>NWNE</u>	Lat: <u>40.319031</u>	Long: <u>-104.310000</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 03/16/2015 Time: 09:00 (HH:MM) Anticipated Date of flowback: 04/09/2015

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>Tracey Fallang</u>	Email: <u>tfallang@billbarrettcorp.com</u>
Signature: _____	Title: <u>Regulatory Manager</u> Date: <u>03/13/2015</u>