

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:

03/25/2015

Document Number:

400814533

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10000</u>	Contact Person: <u>Toya Colvin</u>
Company Name: <u>BP AMERICA PRODUCTION COMPANY</u>	Phone: <u>(281) 366-7148</u>
Address: <u>501 WESTLAKE PARK BLVD</u>	Fax: <u>( )</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>	Email: <u>Toya.Colvin@bp.com</u>
API #: <u>05 - 067 - 07610 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>FC ARMSTRONG 001 1</u>	<input type="checkbox"/> Submit By Other Operator
Sec: <u>10</u> Twp: <u>33N</u> Range: <u>9W</u> QtrQtr: <u>SESE</u>	Lat: <u>37.114651</u> Long: <u>-107.808541</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 04/01/2015 Time: 06:00 (HH:MM) Anticipated Date of flowback: 05/01/2015

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>Toya Colvin</u>	Email: <u>Toya.Colvin@bp.com</u>
Signature: _____	Title: <u>Regulatory Analyst</u> Date: <u>03/25/2015</u>