

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:

09/09/2014

Document Number:

400681960

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10459</u>	Contact Person: <u>Jesse Silva</u>
Company Name: <u>EXTRACTION OIL & GAS LLC</u>	Phone: <u>(970) 396-0421</u>
Address: <u>1888 SHERMAN ST #200</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>jsilva@extractionog.com</u>
API #: <u>05 - 123 - 36172 - 00</u> Facility ID: _____ Location ID: _____	
Facility Name: <u>RAINDANCE 3</u>	<input checked="" type="checkbox"/> Submit By Other Operator
Sec: <u>30</u> Twp: <u>6N</u> Range: <u>67W</u> QtrQtr: <u>SESE</u>	Lat: <u>40.451250</u> Long: <u>-104.928010</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/11/2014 Time: 09:00 (HH:MM) Anticipated Date of flowback: 10/11/2014

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>Janni Keidel</u>	Email: <u>jkeidel@extractionog.com</u>
Signature: <u>Janni Keidel</u>	Title: <u>Sr. Regulatory Specialist</u> Date: <u>09/09/2014</u>