

FORM
42
Rev
03/12

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION
Receive Date:
03/27/2012
Document Number:
400265392

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 5 Contact Person: Diana test
Company Name: COLORADO OIL & GAS CONSERVATION COMMISSION Phone: #Error
Address: 1120 LINCOLN ST SUITE 801 Fax: ()
City: DENVER State: CO Zip: 80203 Email: Diana.Burn@state.co.us

API #: 05 - 103 - 10110 Facility ID: _____ Location ID: _____
Sec: 29 Twp: 2N Range: 96W QtrQtr: NWSE Lat: 40.110899 Long: -108.186815

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 03/28/2012 Time: 08:00 (HH:MM)

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: test Email: Diana.Burn@state.co.us
Signature: _____ Title: _____ Date: 03/27/2012