

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**05/21/2012**  
Document Number:  
**400287070**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 74165 Contact Person: Edward Ingve  
Company Name: RENEGADE OIL & GAS COMPANY LLC Phone: (303) 680-4725  
Address: P O BOX 460413 Fax: (303) 680-4907  
City: AURORA State: CO Zip: 80046-0413 Email: ed@renegadeoilandgas.com  
API #: 05 - 001 - 06121 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: HALVERSON 20-13  
Sec: 20 Twp: 2S Range: 64W QtrQtr: SWSW Lat: 39.857200 Long: -104.581070

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

Date of Treatment: 05/23/2012 Time: 13:00 (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: Edward Ingve Email: ed@renegadeoilandgas.com  
Signature: \_\_\_\_\_ Title: owner/manager Date: 05/21/2012