

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/30/2012**  
Document Number:  
**400322305**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10079 Contact Person: Shauna Redican  
Company Name: ANTERO RESOURCES PICEANCE CORPORATION Phone: (303) 357-6820  
Address: 1625 17TH ST STE 300 Fax: (303) 357-7315  
City: DENVER State: CO Zip: 80202 Email: sredican@anteroresources.com  
API #: 05 - 045 - 18286 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Valley Farms F-1H  
Sec: 14 Twp: 6S Range: 92W QtrQtr: NWSW Lat: 39.525893 Long: -107.642786

**BLOW OUT PREVENTER TEST – 24-Hour notice**  
Test Date: 08/31/2012 Time: 11:00 (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: Shauna Redican Email: sredican@anteroresources.com  
Signature: Shauna Redican Title: Permit Representative Date: 08/30/2012