

FORM  
42  
Rev  
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OGCC RECEPTION  
Receive Date:  
**08/30/2012**  
Document Number:  
**400322588**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10275 Contact Person: Loni Davis  
Company Name: AUGUSTUS ENERGY PARTNERS LLC Phone: (970) 332-3585  
Address: P O BOX 250 Fax: (970) 332-3587  
City: WRAY State: CO Zip: 80758 Email: ldavis@augustusenergy.com  
API #: 05 - 125 - 10666 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: ZION 32-11  
Sec: 32 Twp: 2S Range: 44W QtrQtr: NESW Lat: 39.838940 Long: -102.325350

SITE READY FOR RECLAMATION INSPECTION : FINAL

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: Loni Davis Email: ldavis@augustusenergy.com  
Signature: \_\_\_\_\_ Title: Oper Acctg & Reg Spec Date: 08/30/2012