

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**09/06/2012**  
Document Number:  
**400324258**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>61250</u>	Contact Person: <u>MARK SHREVE</u>
Company Name: <u>MULL DRILLING COMPANY INC</u>	Phone: <u>(316) 264-6366</u>
Address: <u>1700 N WATERFRONT PKWY B#1200</u>	Fax: <u>(316) 264-6440</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-6637</u>	Email: <u>MSHREVE@MULLDRILLING.COM</u>
API #: <u>05 - 017 - 07720 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>HOFFMAN-BUSBY 1-24</u>	
Sec: <u>24</u> Twp: <u>14S</u> Range: <u>45W</u> QtrQtr: <u>SENE</u>	Lat: <u>38.823070</u> Long: <u>-102.390880</u>

**NOTICE OF SPUD – 48-hour notice required**      **Surface Hole Spud ONLY**

Spud Date: 09/08/2012 Time: 12:00 (HH:MM)  
Rig Name: MURFIN RIG #20 (CHANGED RIG SLOTS W/BAKER A #1 OWWO)

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: MARK SHREVE Email: MSHREVE@MULLDRILLING.COM  
Signature: \_\_\_\_\_ Title: PRESIDENT/COO Date: 09/06/2012