

FORM
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Rev
03/12

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION
Receive Date:
10/26/2012
Document Number:
400340347

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 57667 Contact Person: Bill Wall
Company Name: MINERAL RESOURCES, INC. Phone: (303) 887-6186
Address: PO BOX 328 Fax: (970) 669-4077
City: GREELEY State: CO Zip: 80632 Email: bill.wall@petersonenergy.com

API #: 05 - 123 - 35463 - 00 Facility ID: _____ Location ID: _____
Facility Name: Island Grove 2-32
Sec: 32 Twp: 6N Range: 65W QtrQtr: NWSW Lat: 40.441670 Long: -104.695660

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 10/29/2012 Time: 05:00 (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: CLAYTON DOKE Email: cdoke@petersonenergy.com
Signature: Clayton Doke Title: Consultant Date: 10/26/2012