

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**11/20/2012**  
Document Number:  
**400348575**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 200184 Contact Person: Jeff Reale  
Company Name: TRILOGY RESOURCES LLC Phone: (970) 669-3318  
Address: 1151 EAGLE DRIVE #354 Fax: (970) 667-0046  
City: LOVELAND State: CO Zip: 80537 Email: jeff@mistymountainop.com  
API #: 05 - 123 - 35290 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Keto 7-44  
Sec: 7 Twp: 4n Range: 67w QtrQtr: NESE Lat: 40.324270 Long: -104.927810

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

Date of Treatment: 11/19/2012 Time: 09:30 (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: Jeff Reale Email: jeff@mistymountainop.com  
Signature: Jeff Reale Title: Agent Date: 11/20/2012