

FORM
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OGCC RECEPTION
Receive Date:
03/18/2013
Document Number:
400392337

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10245 Contact Person: Tony Markve
Company Name: SINGLETREE RESOURCES INC Phone: (307) 316-0010
Address: 521 PROGRESS CIRCLE #1 Fax: (307) 222-0281
City: CHEYENNE State: WY Zip: 82007 Email: tony@singletreeresources.com
API #: 05 - 075 - 09421 - 00 Facility ID: _____ Location ID: _____
Facility Name: State 44-36
Sec: 36 Twp: 11N Range: 54W QtrQtr: SESE Lat: 40.879450 Long: -103.346140

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 03/01/2013 Time: 08:00 (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: Tony Markve Email: tony@singletreeresources.com
Signature: Tony Markve Title: engineer Date: 03/18/2013