

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:
05/01/2013
Document Number:
400412032

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 - 12070 - 00 Facility ID: _____ Location ID: _____
Facility Name: Five Rivers 32-19 2N46W
Sec: 19 Twp: 2N Range: 46W QtrQtr: SWNE Lat: 40.128320 Long: -102.556390

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/09/2013 Time: 09:00 (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: Loni Davis Email: ldavis@augustusenergy.com
Signature: _____ Title: Oper Acctg & Reg Spec Date: 05/01/2013