

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**05/06/2013**  
Document Number:  
**400414420**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 200184 Contact Person: Jeff Reale  
Company Name: TRILOGY RESOURCES LLC Phone: (970) 669-3318  
Address: 5441 BOEING DRIVE #100 Fax: (970) 667-0046  
City: LOVELAND State: CO Zip: 80538 Email: jessica@mistymountainop.com

API #: 05 - 123 - 36547 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Wind 17-11  
Sec: 17 Twp: 4N Range: 67W QtrQtr: SENW Lat: 40.316340 Long: -104.918170

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

Date of Treatment: 05/10/2013 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: Jeff Reale Email: jeff@mistymountainop.com  
Signature: Jeff Reale Title: Manager Date: 05/06/2013