

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
05/10/2013
Document Number:
400416572

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10051 Contact Person: TANYA CARPIO
Company Name: APOLLO OPERATING LLC Phone: (303) 830-0888 X.201
Address: 1538 WAZEE ST STE 200 Fax: (303) 830-2818
City: DENVER State: CO Zip: 80202 Email: TCARPIO@APOLLOOPERATING.COM
API #: 05 - 123 - 35825 - 00 Facility ID: _____ Location ID: _____
Facility Name: JWHS 32-2D
Sec: 2 Twp: 3N Range: 68W QtrQtr: SENW Lat: 40.257190 Long: -104.972680

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/28/2013 Time: 07:00 (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: TANYA CARPIO Email: TCARPIO@APOLLOOPERATING.COM
Signature: TANYA CARPIO Title: OFFICE MANGER Date: 05/10/2013