

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**05/15/2013**

Document Number:  
**400418545**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10131 Contact Person: Kent Moore  
Company Name: ST. JAMES ENERGY OPERATING INC Phone: (970) 301-0291  
Address: 11177 EAGLE VIEW DR STE 1 Fax: (970) 378-8623  
City: SANDY State: UT Zip: 84092 Email: krmtaurus@msn.com

API #: 05 - 123 - 37280 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Albrighton 1-10  
Sec: 10 Twp: 6N Range: 64W QtrQtr: SWSW Lat: 40.496610 Long: -104.541150

NOTICE OF SPUD – 48-hour notice required **Surface Hole Spud ONLY**

Spud Date: 05/17/2013 Time: 12:00 (HH:MM)  
Rig Name: Cade Drilling Rig #25

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: Erin Mathews Email: erin.mathews@LRA-inc.com  
Signature: \_\_\_\_\_ Title: Project Manager Date: 05/15/2013