

FORM
42

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:

05/22/2013

Document Number:

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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: jeff@mistymountainop.com
API #: 05 - 123 - 36437 - 00 Facility ID: _____ Location ID: _____
Facility Name: Wind 17-23
Sec: 17 Twp: 4N Range: 67W QtrQtr: SESW Lat: 40.307390 Long: -104.916540

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/24/2013 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: 05/22/2013