

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**06/25/2013**  
Document Number:  
**400438695**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>26625</u>	Contact Person: <u>Monty Streigel</u>	
Company Name: <u>ELM RIDGE EXPLORATION CO LLC</u>	Phone: <u>(505) 632-3476</u>	
Address: <u>12225 GREENVILLE AVE STE 950</u>	Fax: <u>( )</u>	
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75243-9362</u>	Email: <u>amackey1@elmridge.net</u>	
API #: <u>05 - 067 - 09560 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>IGE 118</u>		
Sec: <u>18</u> Twp: <u>33N</u> Range: <u>7W</u> QtrQtr: <u>NW/4S</u>	Lat: <u>37.100790</u>	Long: <u>-107.656010</u>
	<u>W</u>	

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

Date of Treatment: 06/30/2013 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: Amy Mackey Email: amackey1@elmridge.net  
Signature: \_\_\_\_\_ Title: Sr. Regulatory Supervisor Date: 06/25/2013