

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**10/07/2013**  
Document Number:  
**400492130**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10131 Contact Person: Rick Ohlemeier  
Company Name: ST. JAMES ENERGY OPERATING INC Phone: (801) 576-1154  
Address: 11177 EAGLE VIEW DR STE 1 Fax: ( )  
City: SANDY State: UT Zip: 84092 Email: rohlemeier@iptengineers.com  
API #: 05 - 123 - 37281 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Albrighton 3-10  
Sec: 10 Twp: 6N Range: 64W QtrQtr: SWSW Lat: 40.496610 Long: -104.540990

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

Date of Treatment: 10/10/2013 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: Rick Ohlemeier Email: rohlemeier@iptengineers.com  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 10/07/2013