

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**10/14/2013**

Document Number:  
**400494917**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 57667 Contact Person: Clayton Doke  
Company Name: MINERAL RESOURCES, INC. Phone: (720) 420-5700  
Address: PO BOX 328 Fax: (720) 420-5800  
City: GREELEY State: CO Zip: 80632 Email: cdoke@iptengineers.com  
API #: 05 - 123 - 38294 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: DT-Habitat 3-5-6  
Sec: 5 Twp: 5N Range: 65W QtrQtr: NWNE Lat: 40.435620 Long: -104.684270

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

Spud Date: 10/16/2013 Time: 13:00 (HH:MM)  
Rig Name: TBD

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: Clayton Doke Email: cdoke@iptengineers.com  
Signature: Clayton Doke Title: Senior Engineer Date: 10/14/2013