



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10261</u>	Contact Person: <u>Meagan Miller</u>
Company Name: <u>BAYSWATER EXPLORATION AND PRODUCTION LLC</u>	Phone: <u>(303) 893-2503</u>
Address: <u>730 17TH ST STE 610</u>	Fax: <u>(303) 8932508</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mmiller@bayswater.us</u>
API #: <u>05 - 001 - 09500 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>MORRISON 15-1</u>	
Sec: <u>1</u> Twp: <u>1S</u> Range: <u>68W</u> QtrQtr: <u>SWSE</u>	Lat: <u>39.988714</u> Long: <u>-104.947481</u>

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)

Describe Permit Condition: FLOOD START UP RETURN TO PRODUCTION

Date: 10/18/2013 Time: 12:00 (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: Meagan M Miller Email: mmiller@bayswater.us

Signature: Meagan M. Miller Title: Environmental Specialist Date: 10/16/2013