

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
11/05/2013
Document Number:
400507649

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>61250</u>	Contact Person: <u>MARK SHREVE</u>
Company Name: <u>MULL DRILLING COMPANY INC</u>	Phone: <u>(316) 264-6366</u>
Address: <u>1700 N WATERFRONT PKWY B#1200</u>	Fax: <u>(316) 264-6440</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-6637</u>	Email: <u>MSHREVE@MULLDRILLING.COM</u>
API #: <u>05 - 017 - 07772 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>GERWECK 1-4</u>	
Sec: <u>4</u> Twp: <u>14S</u> Range: <u>44W</u> QtrQtr: <u>NWNW</u>	Lat: <u>38.868120</u> Long: <u>-102.349240</u>

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

Spud Date: 11/07/2013 Time: 16:00 (HH:MM)

Rig Name: MURFIN RIG #20

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: TANNIS TRITT Email: TTRITT@MULLDRILLING.COM

Signature: _____ Title: EXECUTIVE ASSISTANT Date: 11/05/2013