

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

**11/07/2013**

Document Number:

**400509233**

**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 - 35502 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: BESTWAY 6-11  
Sec: 2 Twp: 5N Range: 66W QtrQtr: SENE Lat: 40.430710 Long: -104.739270

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

Date of Treatment: 11/11/2013 Time: 05:00 (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: Clayton Doke Email: cdoke@iptengineers.com  
Signature: Clayton Doke Title: Senior Engineer Date: 11/07/2013