

FORM
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OGCC RECEPTION

Receive Date:
11/07/2013

Document Number:
400509269

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10110 Contact Person: Callie Fiddes
Company Name: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0550
Address: 1801 BROADWAY #500 Fax: ()
City: DENVER State: CO Zip: 80202 Email: regulatorypermitting@gwogco.com
API #: 05 - 123 - 37814 - 00 Facility ID: _____ Location ID: _____
Facility Name: Tailholt FD 11-35HN
Sec: 11 Twp: 6N Range: 67W QtrQtr: NWNW Lat: 40.508314 Long: -104.867992

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 11/10/2013 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: Callie Fiddes Email: regulatorypermitting@gwogco.com
Signature: Callie Fiddes Title: Regulatory Tech Date: 11/07/2013