

FORM
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OGCC RECEPTION
Receive Date:
11/08/2013
Document Number:
400509630

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 57667 Contact Person: Collin Richardson
Company Name: MINERAL RESOURCES, INC. Phone: (970) 352-9446
Address: PO BOX 328 Fax: ()
City: GREELEY State: CO Zip: 80632 Email: collin@mineralresourcesinc.com
API #: 05 - 123 - 26714 - 00 Facility ID: _____ Location ID: _____
Facility Name: VALLEY PACK X5 3-5-31
Sec: 31 Twp: 5N Range: 65W QtrQtr: NESW Lat: 40.355570 Long: -104.709610

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)
Describe Permit Condition: OTHER - FLOOD START UP RETURN TO PRODUCTION
Date: 11/05/2013 Time: 14:00 (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: Collin Richardson Email: collin@mineralresourcesinc.com
Signature: _____ Title: VP Date: 11/08/2013