

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:

**11/08/2013**

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