



Receive Date:
12/17/2013

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400528532

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 69175 Contact Person: Jenifer Hakkarinen
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City: DENVER State: CO Zip: 80203 Email: Jenifer.Hakkarinen@pdce.com
API #: 05 - 123 - 12846 - 00 Facility ID: _____ Location ID: _____
Facility Name: CARLSON 18-3
Sec: 18 Twp: 4N Range: 67W QtrQtr: NENE Lat: 40.318360 Long: -104.926170

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)

Describe Permit Condition: Well ready to be returned to production
Date: 12/17/2013 Time: 02:00 (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: JEnifer Hakkarinen Email: Jenifer.Hakkarinen@pdce.com
Signature: Jenifer Hakkarinen Title: Regulatory Tech Date: 12/17/2013