

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**01/10/2014**

Document Number:  
**400537926**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 69175 Contact Person: JEnifer Hakkarinen  
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Address: 1775 SHERMAN STREET - STE 3000 Fax: ( )  
City: DENVER State: CO Zip: 80203 Email: Jenifer.Hakkarinen@pdce.com  
API #: 05 - 123 - 12429 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: MOSER 23-33  
Sec: 33 Twp: 5N Range: 67W QtrQtr: NESW Lat: 40.353920 Long: -104.900420

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

Describe Permit Condition: Well ready to be returned to production  
Date: 01/10/2014 Time: 11:00 (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: 01/10/2014