

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**01/26/2014**  
Document Number:  
**400545390**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 69175 Contact Person: Adam Conry  
Company Name: PDC ENERGY INC Phone: (303) 860-5800  
Address: 1775 SHERMAN STREET - STE 3000 Fax: ( )  
City: DENVER State: CO Zip: 80203 Email: Adam.Conry@pdce.com  
API #: 05 - 123 - 37809 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Lofland 22D-232  
Sec: 22 Twp: 5N Range: 65W QtrQtr: SESE Lat: 40.378500 Long: -104.644530

NOTICE OF SPUD – 48-hour notice required **Surface Hole Spud ONLY**

Spud Date: 01/27/2014 Time: 20:00 (HH:MM)  
Rig Name: Ensign 14

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: Adam Conry Email: Adam.Conry@pdce.com  
Signature: Adam Conry Title: Drilling Engineer Date: 01/26/2014