

FORM
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OGCC RECEPTION
Receive Date:
02/19/2014
Document Number:
400557408

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10453 Contact Person: Christopher Noonan
Company Name: CCI PARADOX UPSTREAM LLC Phone: (303) 825-0685
Address: 600 17TH STREET #1900S Fax: ()
City: DENVER State: CO Zip: 80202 Email: christopher.noonan@cci.com

API #: 05 - 113 - 06224 - 00 Facility ID: _____ Location ID: _____
Facility Name: HC FED 31-13-45-14
Sec: 30 Twp: 45N Range: 14W QtrQtr: SESW Lat: 38.119922 Long: -108.456274

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 02/21/2014 Time: 15:00 (HH:MM) Anticipated Date of flowback: 02/22/2014

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: Christopher Noonan Email: christopher.noonan@cci.com
Signature: _____ Title: _____ Date: 02/19/2014