

FORM
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Rev
03/12



OGCC RECEPTION
Receive Date:
03/12/2014
Document Number:
400570637

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10489</u>	Contact Person: <u>Loni Davis</u>
Company Name: <u>AUGUSTUS ENERGY RESOURCES LLC</u>	Phone: <u>(970) 332-3585</u>
Address: <u>36695 HWY 385</u>	Fax: <u>(970) 332-3587</u>
City: <u>WRAY</u> State: <u>CO</u> Zip: <u>80758</u>	Email: <u>ldavis@augustusenergy.com</u>
API #: <u>05 - 125 - 12080 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Allison 43-21 1S44W</u>	
Sec: <u>21</u> Twp: <u>1S</u> Range: <u>44W</u> QtrQtr: <u>NESE</u>	Lat: <u>39.954075</u> Long: <u>-102.299410</u>

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

Spud Date: 03/20/2014 Time: 09:00 (HH:MM)

Rig Name: Excell Serviced Rig #2

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: Loni Davis Email: ldavis@augustusenergy.com

Signature: _____ Title: Oper Acctg & Reg Spec. Date: 03/12/2014