

FORM
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OGCC RECEPTION
Receive Date:
03/20/2014
Document Number:
400575210

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 57667 Contact Person: CLAYTON DOKE
Company Name: MINERAL RESOURCES, INC. Phone: (720) 420-5719
Address: PO BOX 328 Fax: (720) 560-5800
City: GREELEY State: CO Zip: 80632 Email: clay.doke@iptenergyservices.com
API #: 05 - 123 - 38297 - 00 Facility ID: _____ Location ID: _____
Facility Name: DT-Forbes 5-5-6
Sec: 5 Twp: 5N Range: 65W QtrQtr: NWNE Lat: 40.434870 Long: -104.684280

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 03/24/2014 Time: 05:00 (HH:MM) Anticipated Date of flowback: 03/31/2014

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: CLAYTON DOKE Email: clay.doke@iptenergyservices.com
Signature: CLAYTON DOKE Title: SENIOR PETROLEUM ENGINEER Date: 03/20/2014