

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

04/11/2014

Document Number:

400587233

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>39560</u>	Contact Person: <u>Paul Herring</u>
Company Name: <u>TOP OPERATING COMPANY</u>	Phone: <u>(303) 727-9915</u>
Address: <u>10881 ASBURY AVE STE 230</u>	Fax: <u>()</u>
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80227</u>	Email: <u>paul.herring@topoperating.com</u>

API #: <u>05 - 123 - 10613 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Kintz 1</u>		
Sec: <u>8</u>	Twp: <u>3N</u>	Range: <u>68w</u> QtrQtr: <u>SENE</u>
Lat: <u>40.242650</u>	Long: <u>-105.020890</u>	

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: <u>04/14/2014</u>	Time: <u>05:00</u> (HH:MM)	Anticipated Date of flowback: <u>04/15/2014</u>
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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: <u>Paul Herring</u>	Email: <u>paul.herring@topoperating.com</u>
Signature: <u>Paul Herring</u>	Title: <u>Landmam</u> Date: <u>04/11/2014</u>