

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:
04/15/2014

Document Number:
400590365

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>88925</u>	Contact Person: <u>Hannah Larsen</u>
Company Name: <u>TOMBERLIN* BILL</u>	Phone: <u>(303) 0</u>
Address: _____	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>HLarsen@bonanzacr.com</u>
API #: <u>05 - 123 - 05180 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>MCPHERSON 2</u>	
Sec: <u>19</u> Twp: <u>5N</u> Range: <u>61W</u> QtrQtr: <u>NWNE</u>	Lat: <u>40.391987</u> Long: <u>-104.249875</u>

OFFSET MITIGATION COMPLETED

This well was mitigated per the Offset Horizontal Policy. Permitted horizontal well requiring mitigation - API # 123-38974
Appropriate documentation for mitigation has been/will be submitted.

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>Hannah Larsen</u>	Email: <u>HLarsen@bonanzacr.com</u>
Signature: <u>offset operator submitting remediation</u>	Title: _____ Date: <u>04/15/2014</u>