

FORM

42

Rev  
09/12

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:

Document Number:

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10330 Contact Person: Dave Rebol  
 Company Name: INVESTMENT EQUIPMENT LLC Phone: (970) 867-9007  
 Address: 17509 COUNTY ROAD 14 Fax: (970) 867-8374  
 City: FORT MORGAN State: CO Zip: 80701 Email: daverebol@hotmail.com  
 API #: 05-009 06454 00 Facility ID: 206038 Location ID: \_\_\_\_\_  
 Facility Name: TSRU  
 Sec: 2 Twp: 35S Range: 46W QtrQtr: SWSE Lat: 37.0119667 Long: -102.567280

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: \_\_\_\_\_ Time: \_\_\_\_\_ (HH:MM)

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

Spud Date: \_\_\_\_\_ Time: \_\_\_\_\_ (HH:MM)

Rig Name: \_\_\_\_\_

NOTICE OF CONSTRUCTION OF A NEW LOCATION OR MAJOR CHANGE – 48-hour notice required

Start Date: \_\_\_\_\_

NOTICE TO RUN AND CEMENT CASING – 24-hour notice

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ (HH:M.M) String: \_\_\_\_\_

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: \_\_\_\_\_ Time: \_\_\_\_\_ (HH:MM)

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 08/29/2014 Time: 08:00 (HH:MM) Underground Injection Control(UIC) Well? NO

BRADENHEAD TEST – 48-hour Notice

Test Date: \_\_\_\_\_ Time: \_\_\_\_\_ (HH:MM)

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: \_\_\_\_\_ Time: \_\_\_\_\_ (HH:MM)

SITE READY FOR RECLAMATION INSPECTION : \_\_\_\_\_

PIT LINER INSTALLATION – 48-hour notice

Install Date: \_\_\_\_\_

**SIGNIFICANT LOST CIRCULATION – Notify within 24 hours, report mud losses in excess of 100 barrels which require shutdown of operations for an hour or longer to pump lost circulation material and rebuild pit volume**

Date of Lost Circulation: \_\_\_\_\_ Time: \_\_\_\_\_ (HH:MM)

Measure Depth: \_\_\_\_\_ (feet) Mud Volume Lost: \_\_\_\_\_ (bbl)

Significant Kick Ensued? \_\_\_\_\_

A Form 23 (Well Control Report) is required for Significant Kicks within 15 days. A significant kick shall be defined as one that is managed by shutting in the well to circulate out the kick or that is managed by going on choke and requiring an increase in mud weight exceeding 3/10ths of one pound per gallon to control.

**NOTICE OF HIGH BRADENHEAD PRESSURE DURING STIMULATION – Notify within 24 hours when bradenhead pressure increases more than 200 psig during stimulation. This satisfies Rule 341 verbal notification requirements. Submit a follow-up Form 4 within 15 days.**

Date and time of High Bradenhead Pressure: \_\_\_\_\_ Time: \_\_\_\_\_ (HH:MM)

**OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)**

Describe Permit Condition: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (HH:MM)

**NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMED**

Corrective Actions required by field inspection document # \_\_\_\_\_ have been performed on \_\_\_\_\_

Site is ready for re-inspection.

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: David Rebol

Email: davidrebol@hotmail.com

Signature: 

Title: Member

Date: 7/21/14