

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:  
**09/02/2014**

Document Number:  
**400677417**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>10110</u>	Contact Person: <u>Laura Harter</u>
Company Name: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(970) 686-8831</u>
Address: <u>1801 BROADWAY #500</u>	Fax: <u>(866) 742-1784</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>lharter@gwogco.com</u>

API #: <u>05 - 123 - 30748 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>GREAT WESTERN 35-52</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>35</u> Twp: <u>6N</u> Range: <u>67W</u> QtrQtr: <u>NENW</u>	Lat: <u>40.447600</u>	Long: <u>-104.865320</u>

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: <u>09/03/2014</u>	Time: <u>08:00</u> (HH:MM)	Anticipated Date of flowback: <u>09/03/2014</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>Laura Harter</u>	Email: <u>lharter@gwogco.com</u>
Signature: <u>Laura Harter</u>	Title: <u>Office Manager</u> Date: <u>09/02/2014</u>