

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: 10470 Contact Person: Bill Lloyd
Company Name: CIRQUE RESOURCES LP Phone: (303) 226-9500
Address: 475 17TH ST, STE 1600 Fax: ()
City: DENVER State: CO Zip: 80202 Email: blloyd@cirqueresources.com
API #: 05-123-31832 Facility ID: 418117 Location ID: 418125
Facility Name: LAZY D ZN 03-09
Sec: 3 Twp: 11N Range: 66W QtrQtr: NWSE Lat: 40.949840 Long: -104.760390

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:MM) String: _____

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: _____ Time: _____ (HH:MM)

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 02/23/2015 Time: 11:00 (HH:MM) Underground Injection Control(UIC) Well? _____

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)

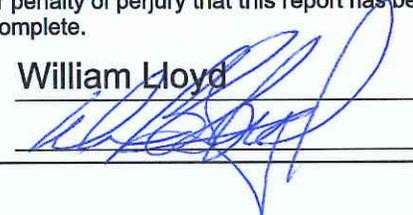
Describe Permit Condition: _____
Date: _____ Time: _____ (HH:MM)

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: **William Lloyd** Email: **blloyd@cirqueresources.com**
Signature:  Title: **Sr VP - Operations** Date: **02/12/2015**