

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**03/24/2012**  
Document Number:  
**400265395**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 5 Contact Person: Diana test  
Company Name: COLORADO OIL & GAS CONSERVATION COMMISSION Phone: #Error  
Address: 1120 LINCOLN ST SUITE 801 Fax: ( )  
City: DENVER State: CO Zip: 80203 Email: Diana.Burn@state.co.us

API #: 05 - 081 - 06566 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Sec: 9 Twp: 7N Range: 98W QtrQtr: NWNW Lat: 40.577662 Long: -108.415587

NOTICE OF SPUD – 24-hour notice required

Spud Date: 03/28/2012 Time: 08:00 (HH:MM)  
Rig Name: \_\_\_\_\_

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: test Email: Diana.Burn@state.co.us  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 03/23/2012