

FORM
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OGCC RECEPTION
Receive Date:
04/24/2012
Document Number:
400276318

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10261 Contact Person: William Wall
Company Name: BAYSWATER EXPLORATION AND PRODUCTION LLC Phone: (970) 669 7411
Address: 730 17TH ST STE 610 Fax: (970) 669 4077
City: DENVER State: CO Zip: 80202 Email: bill.wall@petersonenergy.com
API #: 05 - 001 - 09738 - 00 Facility ID: _____ Location ID: _____
Facility Name: Brown 11-8
Sec: 8 Twp: 1S Range: 67W QtrQtr: SESW Lat: 39.974909 Long: -104.916107

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 04/30/2012 Time: 08:00 (HH:MM)

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 Wall Email: bill.wall@petersonenergy.com
Signature: William Wall Title: Frac Mgr Date: 04/24/2012