

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**05/19/2012**  
Document Number:  
**400286789**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 16830 Contact Person: Bill Goff  
Company Name: CHOLLA PRODUCTION LLC Phone: (303) 623-4565  
Address: 7851 S ELATI ST STE 201 Fax: ( )  
City: LITTLETON State: CO Zip: 80120 Email: cholla\_production@msn.com  
API #: 05 - 009 - 06673 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Baldwin 2-18  
Sec: 18 Twp: 32S Range: 44W QtrQtr: SW NE Lat: 37.261270 Long: -102.411470

NOTICE OF SPUD – 48-hour notice required **Surface Hole Spud ONLY**  
Spud Date: 05/19/2012 Time: 18:00 (HH:MM)  
Rig Name: Blackgold

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: Craig Quint Email: craig.quint@state.co.us  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 05/19/2012