

FORM
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OGCC RECEPTION
Receive Date:
05/30/2012
Document Number:
400290399

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10261 Contact Person: william wall
Company Name: BAYSWATER EXPLORATION AND PRODUCTION LLC Phone: (303) 893-2503
Address: 730 17TH ST STE 610 Fax: ()
City: DENVER State: CO Zip: 80202 Email: bill.wall@petersonenergy.com
API #: 05 - 123 - 34955 - 00 Facility ID: _____ Location ID: _____
Facility Name: Gittlein 7-4
Sec: 4 Twp: 1N Range: 67W QtrQtr: NWNE Lat: 40.085857 Long: -104.893347

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/01/2012 Time: 10:00 (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 Svc Mgr Date: 05/30/2012