

FORM
42

Rev
03/12

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:

07/05/2012

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10392 Contact Person: William Wall
Company Name: TEKTON WINDSOR LLC Phone: (303) 669-7411
Address: 640 PLAZA DRIVE #290 Fax: ()
City: HIGHLANDS RANCH State: CO Zip: 80129 Email: bill.wall@petersonenergy.com
API #: 05 - 123 - 35324 - 00 Facility ID: _____ Location ID: _____
Facility Name: FRYE FARMS 7-5-32
Sec: 32 Twp: 6N Range: 67W QtrQtr: SESE Lat: 40.439260 Long: -104.910510

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 07/09/2012 Time: 07:00 (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 Svs Mgr Date: 07/05/2012