

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/06/2012**  
Document Number:  
**400312834**

**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 - 35312 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: COALBANK CREEK 9-20  
Sec: 20 Twp: 7N Range: 66W QtrQtr: NESE Lat: 40.557851 Long: -104.793317

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 08/07/2012 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: 08/06/2012