

FORM
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OGCC RECEPTION
Receive Date:
08/13/2012
Document Number:
400315065

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 - 35687 - 00 Facility ID: _____ Location ID: _____
Facility Name: LAKE 4-27
Sec: 22 Twp: 7N Range: 67W QtrQtr: SESW Lat: 40.553057 Long: -104.880184

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 08/17/2012 Time: 11:00 (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: _____ Date: 08/13/2012