

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/30/2012**  
Document Number:  
**400322559**

**NOTICE OF NOTIFICATION**

**Entity Information**

|   |  |
|---|--|
| OGCC Operator Number: <u>10275</u>                                  | Contact Person: <u>Loni Davis</u>              |
| Company Name: <u>AUGUSTUS ENERGY PARTNERS LLC</u>                   | Phone: <u>(970) 332-3585</u>                   |
| Address: <u>P O BOX 250</u>   | Fax: <u>(970) 332-3587</u>                     |
| City: <u>WRAY</u> State: <u>CO</u> Zip: <u>80758</u>                | Email: <u>ldavis@augustusenergy.com</u>        |
| API #: <u>05 - 125 - 10680 - 00</u>                                 | Facility ID: _____ Location ID: _____          |
| Facility Name: <u>PETERS 21-1</u>                                   |  |
| Sec: <u>21</u> Twp: <u>2S</u> Range: <u>44W</u> QtrQtr: <u>NENE</u> | Lat: <u>39.873420</u> Long: <u>-102.301300</u> |

SITE READY FOR RECLAMATION INSPECTION : FINAL

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: <u>Loni Davis</u> | Email: <u>ldavis@augustusenergy.com</u>                         |
| Signature: _____              | Title: <u>Oper Acctg &amp; Reg Spec</u> Date: <u>08/30/2012</u> |