

FORM
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OGCC RECEPTION
Receive Date:
09/20/2012
Document Number:
400328636

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 34725 Contact Person: Matt Barnett
Company Name: GOSNEY & SONS INC Phone: (970) 884-9533
Address: P O BOX 367 Fax: (970) 884-0321
City: BAYFIELD State: CO Zip: 81122 Email: mattb@gosneyco.com
API #: 05 - 067 - 09881 - 00 Facility ID: _____ Location ID: _____
Facility Name: KELSALL 33-7 4-2
Sec: 4 Twp: 33N Range: 7W QtrQtr: NENW Lat: 37.137080 Long: -107.614250

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required
Date of Treatment: 09/25/2012 Time: 09:00 (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: Matt Barnett Email: mattb@gosneyco.com
Signature: _____ Title: _____ Date: 09/20/2012