

FORM
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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:
10/15/2012
Document Number:
400336628

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10412 Contact Person: Ola Akrad
Company Name: AUS-TEX EXPLORATION INC Phone: (303) 233-2232
Address: 7985 W 16TH AVENUE Fax: ()
City: LAKEWOOD State: CO Zip: 80214 Email: oakrad@austinexploration.com
API #: 05 - 043 - 06221 - 00 Facility ID: _____ Location ID: _____
Facility Name: PATHFINDER C 11-12 1HZ
Sec: 12 Twp: 20S Range: 70W QtrQtr: NWNW Lat: 38.328858 Long: -105.178654

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 10/29/2012 Time: 05:00 (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: Ola Akrad Email: oakrad@austinexploration.com
Signature: _____ Title: CO Gen. Mgr Date: 10/15/2012