

FORM
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OGCC RECEPTION
Receive Date:
10/26/2012
Document Number:
400340246

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10335 Contact Person: Cindy Turner
Company Name: AXIA ENERGY LLC Phone: (720) 746-5209
Address: 1430 LARIMER STREET #400 Fax: (720) 746-5201
City: DENVER State: CO Zip: 80202 Email: cturner@axiaenergy.com
API #: 05 - 081 - 07727 - 01 Facility ID: _____ Location ID: _____
Facility Name: Bulldog 5-31H-790
Sec: 5 Twp: 7N Range: 90W QtrQtr: LT 6 Lat: 40.599719 Long: -107.511350

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 11/07/2012 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: Cindy Turner Email: cturner@axiaenergy.com
Signature: _____ Title: Project Manager Date: 10/26/2012