

FORM
42

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:

11/19/2012

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 55575 Contact Person: Deb Powell
Company Name: MCELVAIN ENERGY INC Phone: (303) 893-0933
Address: 1050 17TH ST STE 2500 Fax: (303) 893-0914
City: DENVER State: CO Zip: 80265-2080 Email: Debbyp@mcelvain.com
API #: 05 - 125 - 11504 - 00 Facility ID: _____ Location ID: _____
Facility Name: WINGFIELD 25-32
Sec: 25 Twp: 3S Range: 44W QtrQtr: SWNE Lat: 39.768420 Long: -102.242610

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 11/28/2012 Time: 13:00 (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: Debprah K Powell Email: DebbyP@McElvain.com
Signature: _____ Title: Eng Tech Manager Date: 11/19/2012