

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:  
**400347724**

**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