

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**12/10/2012**  
Document Number:  
**400355168**

**NOTICE OF NOTIFICATION**

**Entity Information**

|   |  |
|---|--|
| OGCC Operator Number: <u>77330</u>                                  | Contact Person: <u>Bill Page</u>               |
| Company Name: <u>SG INTERESTS I LTD</u>                             | Phone: <u>(505) 947-9488</u>                   |
| Address: <u>1485 FLORIDA RD #C202</u>                               | Fax: <u>(970) 385-0636</u>                     |
| City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81301</u>             | Email: <u>cdickert@sginterests.com</u>         |
| API #: <u>05 - 051 - 06107 - 00</u>                                 | Facility ID: _____ Location ID: _____          |
| Facility Name: <u>ECK 12-90-1 1</u>                                 |  |
| Sec: <u>1</u> Twp: <u>12S</u> Range: <u>90W</u> QtrQtr: <u>LOT1</u> | Lat: <u>39.048110</u> Long: <u>-107.390420</u> |

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 12/12/2012 Time: 07:00 (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: Catherine Dickert Email: cdickert@sginterests.com

Signature: \_\_\_\_\_ Title: Env & Permit Manager Date: 12/10/2012