

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:  
**01/07/2013**  
Document Number:  
**400365688**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10414 Contact Person: SAM SCHUESSLER  
Company Name: CASCADE PETROLEUM LLC Phone: (303) 407-6500  
Address: 1331 17TH STREET #400 Fax: (303) 407-6501  
City: DENVER State: CO Zip: 80202 Email: sschuessler@cascadepetroleum.com  
API #: 05 - 073 - 06491 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: FORRISTALL STATE 22-10S-56W-01  
Sec: 22 Twp: 10S Range: 56W QtrQtr: SENW Lat: 39.167140 Long: -103.653590

NOTICE OF SPUD – 48-hour notice required **Surface Hole Spud ONLY**

Spud Date: 01/08/2013 Time: 12:00 (HH:MM)  
Rig Name: SCHALL 1

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: SAM SCHUESSLER Email: sschuessler@cascadepetroleum.com  
Signature: SAMUEL T SCHUESSLER Title: ENGINEERING TECH Date: 01/07/2013