

FORM
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OGCC RECEPTION
Receive Date:
01/11/2013
Document Number:
400368901

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10261 Contact Person: BILL WALL
Company Name: BAYSWATER EXPLORATION AND PRODUCTION LLC Phone: (970) 669-7411
Address: 730 17TH ST STE 610 Fax: (970) 669-4077
City: DENVER State: CO Zip: 80202 Email: bill.wall@petersonenergy.com
API #: 05 - 123 - 36335 - 00 Facility ID: _____ Location ID: _____
Facility Name: Kaiser 921-10
Sec: 10 Twp: 6N Range: 65W QtrQtr: SEnw Lat: 40.502382 Long: -104.651353

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required
Date of Treatment: 01/15/2013 Time: 05:00 (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: Jonathan Runge Email: jrunge@petersonenergy.com
Signature: Jonathan Runge Title: Consultant Date: 01/11/2013