

FORM
42
Rev
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OGCC RECEPTION

Receive Date:

01/14/2013

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10051 Contact Person: TANYA CARPIO
Company Name: APOLLO OPERATING LLC Phone: (303) 830-0888 X.201
Address: 1538 WAZEE ST STE 200 Fax: (303) 830-2818
City: DENVER State: CO Zip: 80202 Email: TCARPIO@APOLLOOPERATING.COM
API #: 05 - 123 - 25384 - 00 Facility ID: _____ Location ID: _____
Facility Name: R & R FARMS 21-31
Sec: 31 Twp: 5N Range: 63W QtrQtr: NENW Lat: 40.361370 Long: -104.481320

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 01/21/2013 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: TANYA CARPIO Email: TCARPIO@APOLLOOPERATING.COM
Signature: TANYA CARPIO Title: OFFICE MANAGER Date: 01/14/2013