

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:  
**02/11/2013**  
Document Number:  
**400379954**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 57667 Contact Person: BILL WALL  
Company Name: MINERAL RESOURCES, INC. Phone: (970) 669-7411  
Address: PO BOX 328 Fax: (970) 669-4077  
City: GREELEY State: CO Zip: 80632 Email: bill.wall@petersonenergy.com

API #: 05 - 123 - 35501 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Poudre Trail 5 2-2-1  
Sec: 2 Twp: 5N Range: 66W QtrQtr: SENE Lat: 40.430760 Long: -104.739270

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

Date of Treatment: 02/12/2013 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: Clayton Doke Email: cdoke@petersonenergy.com  
Signature: Clayton Doke Title: Consultant Date: 02/11/2013