

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:

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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 - 34640 - 00 Facility ID: _____ Location ID: _____
Facility Name: Westmoor 5 2-6-2
Sec: 2 Twp: 5N Range: 66W QtrQtr: SENE Lat: 40.431040 Long: -104.739450

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 02/12/2013 Time: 08:00 (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