

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:

**05/15/2013**

Document Number:

**400418773**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10110 Contact Person: Shannon Hartnett  
Company Name: GREAT WESTERN OIL & GAS COMPANY LLC Phone: (303) 830-9893  
Address: 1700 BROADWAY SUITE 650 Fax: ( )  
City: DENVER State: CO Zip: 80290 Email: shartnett@gwogco.com  
API #: 05 - 123 - 32364 - 00 Facility ID:  Location ID:   
Facility Name: Five Rivers BB 30-21  
Sec: 30 Twp: 5N Range: 63W QtrQtr: SEnw Lat: 40.370508 Long: -104.479875

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

Date of Treatment: 01/25/2013 Time: 05:15 (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: Shannon Hartnett Email: shartnett@gwogco.com  
Signature:  Title: Reg. Compl.Spec. Date: 05/15/2013