

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/05/2013**  
Document Number:  
**400463123**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 69175 Contact Person: Dominic Gardella  
Company Name: PDC ENERGY INC Phone: (303) 860-5800  
Address: 1775 SHERMAN STREET - STE 3000 Fax: ( )  
City: DENVER State: CO Zip: 80203 Email: dominic.gardella@pdce.com  
API #: 05 - 123 - 37129 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Thornton 21R-403  
Sec: 21 Twp: 7N Range: 66W QtrQtr: NWNE Lat: 40.566700 Long: -104.779450

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

Date of Treatment: 08/19/2013 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: Dom Email: dominic.gardella@pdce.com  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 08/05/2013