

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/19/2013**  
Document Number:  
**400469095**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 78110 Contact Person: Steve Compton  
Company Name: SWEPI LP Phone: (303) 222-6347  
Address: 4582 S ULSTER ST PKWY #1400 Fax: ( )  
City: DENVER State: CO Zip: 80237 Email: C-steven.compton@shell.com  
API #: 05 - 081 - 07719 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Searcy Gulch 1-27  
Sec: 27 Twp: 5N Range: 90W QtrQtr: LOT 2 Lat: 40.360528 Long: -107.476933

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

Date of Treatment: 08/21/2013 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: Steve Compton Email: C-Steven.Compton@Shell.com  
Signature: Steve Compton Title: Environmental Engineer Date: 08/19/2013