

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:

10/16/2013

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10261 Contact Person: Meagan Miller
Company Name: BAYSWATER EXPLORATION AND PRODUCTION LLC Phone: (303) 893-2503
Address: 730 17TH ST STE 610 Fax: (303) 8932508
City: DENVER State: CO Zip: 80202 Email: mmiller@bayswater.us
API #: 05 - 001 - 09508 - 00 Facility ID: _____ Location ID: _____
Facility Name: MORRISON 9-1
Sec: 1 Twp: 1S Range: 68W QtrQtr: NESE Lat: 39.991453 Long: -104.942619

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)

Describe Permit Condition: FLOOD START UP RETURN TO PRODUCTION

Date: 10/18/2013 Time: 12:00 (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: Meagan M Miller Email: mmiller@bayswater.us
Signature: Meagan M Miller Title: Environmental Specialist Date: 10/16/2013