

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:

10/25/2013

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10392 Contact Person: BILL WALL
Company Name: TEKTON WINDSOR LLC Phone: (720) 420-5700
Address: 640 PLAZA DRIVE #290 Fax: (720) 420-5800
City: HIGHLANDS RANCH State: CO Zip: 80129 Email: bwall@iptengineers.com
API #: 05 - 123 - 37703 - 00 Facility ID: _____ Location ID: _____
Facility Name: PAVISTMA SOUTH 1
Sec: 32 Twp: 6N Range: 67W QtrQtr: NWSW Lat: 40.440534 Long: -104.924793

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 10/29/2013 Time: 05:00 (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: Bill Wall Email: bwall@iptengineers.com
Signature: Bill Wall Title: Consultant Date: 10/25/2013