

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:

**400502760**

**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 - 34959 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: PAVISTMA SOUTH 5  
Sec: 32 Twp: 6N Range: 67W QtrQtr: SESE Lat: 40.440390 Long: -104.924920

**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