

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**11/09/2013**  
Document Number:  
**400510014**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10454 Contact Person: Kimberly Rodell  
Company Name: PETROSHARE CORPORATION Phone: (303) 942-0506  
Address: 7200 S ALTON WAY #B220 Fax: ( )  
City: CENTENNIAL State: CO Zip: 80122 Email: krodell@upstreampm.com  
API #: 05 - 081 - 07779 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Kowach 3-25  
Sec: 25 Twp: 6N Range: 90W QtrQtr: Lot 11 Lat: 40.444364 Long: -107.439783

**BLOW OUT PREVENTER TEST – 24-Hour notice**

Test Date: 11/08/2013 Time: 08:00 (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: Kimberly Rodell Email: krodell@upstreampm.com  
Signature: Kimberly J. Rodell Title: Permit Agent Date: 11/09/2013