

FORM
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OGCC RECEPTION
Receive Date:
11/18/2013
Document Number:
400514221

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: ()
City: DENVER State: CO Zip: 80202 Email: mmiller@bayswater.us
API #: 05 - 123 - 20546 - 00 Facility ID: _____ Location ID: _____
Facility Name: CARLSON HA 41-15
Sec: 15 Twp: 5N Range: 65W QtrQtr: NENE Lat: 40.403500 Long: -104.640750

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)
Describe Permit Condition: FLOOD START UP RETURN TO PRODUCTION
Date: 11/20/2013 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: 11/18/2013