

FORM
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OGCC RECEPTION
Receive Date:
11/21/2013
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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10275</u>	Contact Person: <u>Loni Davis</u>
Company Name: <u>AUGUSTUS ENERGY PARTNERS LLC</u>	Phone: <u>(970) 332-3585</u>
Address: <u>P O BOX 250</u>	Fax: <u>(970) 332-3587</u>
City: <u>WRAY</u> State: <u>CO</u> Zip: <u>80758</u>	Email: <u>ldavis@augustusenergy.com</u>
API #: <u>05 - 125 - 10457 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>KITZMILLER GRAZING 44-21 4N45W</u>	
Sec: <u>21</u> Twp: <u>4N</u> Range: <u>45W</u> QtrQtr: <u>SESE</u>	Lat: <u>40.295750</u> Long: <u>-102.399610</u>

SITE READY FOR RECLAMATION INSPECTION : FINAL

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: <u>Loni Davis</u>	Email: <u>ldavis@augustusenergy.com</u>
Signature: _____	Title: <u>Oper Acctg & Reg Spec</u> Date: <u>11/21/2013</u>