

FORM
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OGCC RECEPTION

Receive Date:
11/21/2013

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10275 Contact Person: Loni Davis
Company Name: AUGUSTUS ENERGY PARTNERS LLC Phone: (970) 332-3585
Address: P O BOX 250 Fax: (970) 332-3587
City: WRAY State: CO Zip: 80758 Email: ldavis@augustusenergy.com

API #: 05 - 125 - 11171 - 00 Facility ID: _____ Location ID: _____
Facility Name: WINGFIELD 17-9
Sec: 17 Twp: 2S Range: 44W QtrQtr: NESE Lat: 39.881250 Long: -102.319260

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