

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
12/09/2013

Document Number:
400523992

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 - 12903 - 00 Facility ID: _____ Location ID: _____
Facility Name: PAULINE 5
Sec: 8 Twp: 5N Range: 64W QtrQtr: SENW Lat: 40.415025 Long: -104.577101

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)

Describe Permit Condition: FLOOD START UP RETURN TO PRODUCTION
Date: 12/11/2013 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 Miller Email: mmiller@bayswater.us
Signature: Meagan M. Miller Title: Environmental Specialist Date: 12/09/2013