

FORM  
42  
Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION  
Receive Date:  
**01/16/2014**  
Document Number:  
**400541324**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10392 Contact Person: CLAYTON DOKE  
Company Name: TEKTON WINDSOR LLC Phone: (720) 420-5700  
Address: 200 PLAZA DR., STE 100 Fax: (720) 420-5800  
City: HIGHLANDS RANCH State: CO Zip: 80129 Email: cdoke@iptengineers.com  
API #: 05 - 123 - 36653 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: PAVISTMA 10  
Sec: 32 Twp: 6N Range: 67W QtrQtr: NWSW Lat: 40.442190 Long: -104.924730

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 01/18/2014 Time: 16:00 (HH:MM) Anticipated Date of flowback: 01/22/2014

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: CLAYTON DOKE Email: cdoke@iptengineers.com  
Signature: CLAYTON DOKE Title: SENIOR ENGINEER Date: 01/16/2014