



OGCC RECEPTION  
Receive Date:  
**03/14/2014**  
Document Number:  
**400571941**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 30675 Contact Person: CLAYTON DOKE  
Company Name: 4-H OPERATING CORPORATION Phone: (720) 420-5719  
Address: 1775 SHERMAN STREET - #2600 Fax: (720) 560-5800  
City: DENVER State: CO Zip: 80203 Email: clay.doke@iptenergyservices.com  
API #: 05 - 123 - 13473 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: MOKRAY/THORN 27-4  
Sec: 27 Twp: 5N Range: 65W QtrQtr: NWNW Lat: 40.375645 Long: -104.656558

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

Date of Treatment: 03/18/2014 Time: 07:00 (HH:MM) Anticipated Date of flowback: 03/18/2014

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: Ruben Markarian Email: ruben.markarian@iptenergyservices.com  
Signature: \_\_\_\_\_ Title: ENGINEERING TECH Date: 03/14/2014