

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:

06/09/2014

Document Number:

400623108

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10392</u>	Contact Person: <u>CLAYTON DOKE</u>
Company Name: <u>TEKTON WINDSOR LLC</u>	Phone: <u>(720) 420-5719</u>
Address: <u>200 PLAZA DR., STE 100</u>	Fax: <u>(720) 560-5800</u>
City: <u>HIGHLANDS RANCH</u> State: <u>CO</u> Zip: <u>80129</u>	Email: <u>clay.doke@iptenergyservices.com</u>

API #: <u>05 - 123 - 38499 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>DIAMOND VALLEY EAST 4</u>		
Sec: <u>23</u>	Twp: <u>6N</u>	Range: <u>67W</u> QtrQtr: <u>SWSW</u>
Lat: <u>40.467530</u>	Long: <u>-104.869810</u>	

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: <u>06/10/2014</u>	Time: <u>06:00</u> (HH:MM)	Anticipated Date of flowback: <u>06/14/2014</u>
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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>CLAYTON DOKE</u>	Email: <u>clay.doke@iptenergyservices.com</u>
Signature: <u>CLAYTON DOKE</u>	Title: <u>SENIOR PETROLEUM ENGINEER</u> Date: <u>06/09/2014</u>