

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:

400623109

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 - 38567 - 00</u> Facility ID: _____ Location ID: _____	
Facility Name: <u>DIAMOND VALLEY EAST 7</u>	
Sec: <u>23</u> Twp: <u>6N</u> Range: <u>67W</u> QtrQtr: <u>SWSW</u>	Lat: <u>40.467660</u> Long: <u>-104.869810</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/11/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 06/14/2014

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: <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>