

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:

07/23/2014

Document Number:

400649275

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>10489</u>	Contact Person: <u>Loni Davis</u>
Company Name: <u>AUGUSTUS ENERGY RESOURCES LLC</u>	Phone: <u>(970) 332-3585</u>
Address: <u>36695 HWY 385</u>	Fax: <u>(970) 332-3587</u>
City: <u>WRAY</u> State: <u>CO</u> Zip: <u>80758</u>	Email: <u>ldavis@augustusenergy.com</u>

  

API #: <u>05 - 125 - 12088 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Hays 31-03 2S44W</u>		
Sec: <u>3</u>	Twp: <u>2S</u>	Range: <u>44W</u> QtrQtr: <u>Lot 2</u>
Lat: <u>39.917738</u>	Long: <u>-102.284407</u>	

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

Date of Treatment: <u>07/31/2014</u>	Time: <u>07:00</u> (HH:MM)	Anticipated Date of flowback: <u>07/31/2014</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>Loni Davis</u>	Email: <u>ldavis@augustusenergy.com</u>
Signature: _____	Title: <u>Oper Acctg &amp; Reg Spec</u> Date: <u>07/23/2014</u>