

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:

09/12/2014

Document Number:

400686637

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 - 12105 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Barber 34-07 5N46W</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>7</u> Twp: <u>5N</u> Range: <u>46W</u> QtrQtr: <u>SWSE</u>	Lat: <u>40.411290</u>	Long: <u>-102.537420</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/18/2014 Time: 07:30 (HH:MM) Anticipated Date of flowback: 09/18/2014

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: <u>Loni Davis</u>	Email: <u>ldavis@augustusenergy.com</u>
Signature: _____	Title: <u>Oper Acctg & Reg Spec</u> Date: <u>09/12/2014</u>