

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

01/15/2015

Document Number:

400772049

NOTICE OF NOTIFICATION

Entity Information

| | |
|--|-------------------------------------|
| OGCC Operator Number: <u>49100</u> | Contact Person: <u>JOSHUA HAYS</u> |
| Company Name: <u>KOCH EXPLORATION COMPANY, LLC</u> | Phone: <u>(303) 325-2591</u> |
| Address: <u>950 17TH STREET #1900</u> | Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>JOSH.HAYS@KOCHIND.COM</u> |

| | | |
|---|---|--------------------------|
| API #: <u>05 - 103 - 12170 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>WRD FEDERAL 30-34D</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>29</u> Twp: <u>2N</u> Range: <u>96W</u> QtrQtr: <u>NWSW</u> | Lat: <u>40.111261</u> | Long: <u>-108.195594</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 01/19/2015 Time: 08:00 (HH:MM) Anticipated Date of flowback: 01/20/2015

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>JOSHUA HAYS</u> | Email: <u>JOSH.HAYS@KOCHIND.COM</u> |
| Signature: <u>JOSHUA HAYS</u> | Title: <u>OPERATIONS MANAGER</u> Date: <u>01/15/2015</u> |