

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:

09/11/2014

Document Number:

400683713

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>10110</u>	Contact Person: <u>Laura Harter</u>
Company Name: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(303) 686-8831</u>
Address: <u>1801 BROADWAY #500</u>	Fax: <u>(866) 742-1784</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>lharter@gwogco.com</u>

  

API #: <u>05 - 123 - 38972 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Postle IC 11-342HC</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>12</u> Twp: <u>3N</u> Range: <u>68W</u> QtrQtr: <u>SWSW</u>	Lat: <u>40.234861</u>	Long: <u>-104.959992</u>

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

Date of Treatment: 09/12/2014 Time: 12:00 (HH:MM) Anticipated Date of flowback: 09/25/2014

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>Laura Harter</u>	Email: <u>lharter@gwogco.com</u>
Signature: <u>Laura Harter</u>	Title: <u>Office Manager</u> Date: <u>09/11/2014</u>