



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>19160</u>	Contact Person: <u>Donna Williams</u>
Company Name: <u>CONOCO PHILLIPS COMPANY</u>	Phone: <u>(505) 326-9793</u>
Address: <u>P O BOX 2197</u>	Fax: <u>()</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77252-2197</u>	Email: <u>Donna.J.Williams@Conocophillips.com</u>
API #: <u>05 - 005 - 07178 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Tebo 32 3H</u>	
Sec: <u>32</u> Twp: <u>4S</u> Range: <u>64W</u> QtrQtr: <u>SESw</u>	Lat: <u>39.653322</u> Long: <u>-104.577111</u>

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 05/31/2012 Time: 07:00 (HH:MM)

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: Donna Williams Email: Donna.J.Williams@Conocophillips.com

Signature: Donna Williams Title: Sr. Regulatory Advisor Date: 05/29/2012