

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**05/31/2012**

Document Number:  
**400290704**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 19160 Contact Person: Donna Williams  
Company Name: CONOCO PHILLIPS COMPANY Phone: (505) 326-9793  
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City: HOUSTON State: TX Zip: 77252-2197 Email: Donna.J.Williams@Conocophillips.com  
API #: 05 - 005 - 07178 - 0 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Tebo 32 3H  
Sec: 32 Twp: 4S Range: 64W QtrQtr: SESw Lat: 39.653322 Long: -104.577111

**FORMATION INTEGRITY TEST – 24-hour notice**

Test Date: 05/31/2012 Time: 19:00 (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: 05/31/2012