

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**07/31/2012**  
Document Number:  
**400311139**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 19160 Contact Person: Justin Carlile  
Company Name: CONOCO PHILLIPS COMPANY Phone: (432) 688-9165  
Address: P O BOX 2197 Fax: (432) 688-6019  
City: HOUSTON State: TX Zip: 77252-2197 Email: justin.carlile@conocophillips.com  
API #: 05 - 005 - 07178 - 01 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Tebo 32 3H  
Sec: 32 Twp: 4S Range: 64W QtrQtr: SESw Lat: 39.653322 Long: -104.577111

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

Date of Treatment: 08/06/2012 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: Justin Carlile Email: justin.carlile@conocophillips.com  
Signature: Justin Carlile Title: Regulatory Specialist Date: 07/31/2012