

FORM
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OGCC RECEPTION
Receive Date:
09/07/2012
Document Number:
400324701

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10339 Contact Person: Kelly Claussen
Company Name: GULFPORT ENERGY CORPORATION Phone: (970) 2606036
Address: 14313 N. MAY AVENUE - SUITE 100 Fax: ()
City: OKLAHOMA CITY State: OK Zip: 73134 Email: kelly@walck.com
API #: 05 - 081 - 07747 - 00 Facility ID: _____ Location ID: _____
Facility Name: Ridgeview 32-16-1
Sec: 16 Twp: 6N Range: 91W QtrQtr: NESW Lat: 40.476010 Long: -107.610770

BLOW OUT PREVENTER TEST – 24-Hour notice
Test Date: 09/09/2012 Time: 10:00 (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: Kelly Claussen Email: Kelly@walck.com
Signature: _____ Title: _____ Date: 09/07/2012