

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
01/03/2013

Document Number:
400364360

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Justin Carlile
Company Name: CONOCO PHILLIPS COMPANY Phone: (432) 688-9165
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City: HOUSTON State: TX Zip: 77252-2197 Email: justin.carlile@conocophillips.com
API #: 05 - 001 - 09760 - 01 Facility ID: _____ Location ID: _____
Facility Name: State of Colorado 36 1H
Sec: 36 Twp: 3s Range: 64w QtrQtr: NESE Lat: 39.743419 Long: -104.490117

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 01/04/2013 Time: 22:00 (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: 01/03/2013