

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**02/24/2013**  
Document Number:  
**400384542**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 78110 Contact Person: Kevin Bergeron  
Company Name: SWEPI LP Phone: (307) 212-4165  
Address: 4582 S ULSTER ST PKWY #1400 Fax: ( )  
City: DENVER State: CO Zip: 80237 Email: kevin.bergeron@shell.com  
API #: 05 - 081 - 07765 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Deal Gulch 3-16  
Sec: 16 Twp: 5N Range: 90W QtrQtr: SWNE Lat: 40.388192 Long: -107.498489

**BLOW OUT PREVENTER TEST – 24-Hour notice**

Test Date: 02/25/2013 Time: 13:00 (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: Kevin Bergeron Email: kevin.bergeron@shell.com  
Signature: Kevin Bergeron Title: OSR Date: 02/24/2013