

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

04/15/2013

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Dollie Busse
Company Name: CONOCO PHILLIPS COMPANY Phone: (505) 324-6104
Address: P O BOX 2197 Fax: (505) 599-4062
City: HOUSTON State: TX Zip: 77252-2197 Email: Dollie.L.Busse@conocophillips.com
API #: 05 - 067 - 08640 - 00 Facility ID: _____ Location ID: _____
Facility Name: ARGENTA 34-10 34-3
Sec: 34 Twp: 34N Range: 10W QtrQtr: NENE Lat: 37.152110 Long: -107.915440

BRADENHEAD TEST – 48-hour Notice

Test Date: 04/17/2013 Time: 01:30 (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: Dollie Busse Email: Dollie.L.Busse@conocophillips.com
Signature: _____ Title: Staff Reg. Tech Date: 04/15/2013