

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**04/25/2013**  
Document Number:  
**400409253**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 19160 Contact Person: Dollie Busse  
Company Name: CONOCO PHILLIPS COMPANY Phone: (505) 326-9793  
Address: P O BOX 2197 Fax: ( )  
City: HOUSTON State: TX Zip: 77252-2197 Email: dollie.l.busse@cop.com  
API #: 05 - 067 - 09495 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: SCHUYLER 34-9 30-2A  
Sec: 30 Twp: 34N Range: 9W QtrQtr: SWSE Lat: 37.158260 Long: -107.865090

**BRADENHEAD TEST – 48-hour Notice**

Test Date: 05/01/2013 Time: 01:00 (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: Dollie L. Busse Email: dollie.l.busse@cop.com  
Signature: \_\_\_\_\_ Title: Staff Regulatory Tech Date: 04/25/2013