

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**04/26/2013**  
Document Number:  
**400409864**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 19160 Contact Person: Justin Carlile  
Company Name: CONOCO PHILLIPS COMPANY Phone: (281) 293-1499  
Address: P O BOX 2197 Fax: (432) 688-6019  
City: HOUSTON State: TX Zip: 77252-2197 Email: justin.carlile@conocophillips.com  
API #: 05 - 005 - 07204 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Converse Family 6 1H  
Sec: 6 Twp: 4s Range: 63W QtrQtr: NESE Lat: 39.728869 Long: -104.472106

NOTICE TO RUN AND CEMENT CASING – 24-hour notice  
Start Date: 04/25/2013 Time: 06:00 (HH:MM) String: SURFACE

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: 04/26/2013