

FORM
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Rev
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OGCC RECEPTION

Receive Date:
04/26/2013

Document Number:
400409869

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

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: 04/27/2013 Time: 07:00 (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: Regulltory Specialist Date: 04/26/2013