

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
05/17/2013

Document Number:
400419941

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 - 07203 - 00 Facility ID: _____ Location ID: _____
Facility Name: Walker 12 1H
Sec: 12 Twp: 4s Range: 64w QtrQtr: SESE Lat: 39.710806 Long: -104.490761

NOTICE OF SPUD – 48-hour notice required **Surface Hole Spud ONLY**

Spud Date: 05/18/2013 Time: 00:30 (HH:MM)
Rig Name: H & P 280

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: 05/17/2013