

FORM
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Rev
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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:

06/27/2013

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Justin Carlile
Company Name: CONOCO PHILLIPS COMPANY Phone: (432) 202-4112
Address: P O BOX 2197 Fax: (432) 688-6019
City: HOUSTON State: TX Zip: 77252-2197 Email: justin.carlile@conocophilips.com
API #: 05 - 005 - 07200 - 02 Facility ID: _____ Location ID: _____
Facility Name: Murphy Family 4-64 25 1H
Sec: 25 Twp: 4S Range: 64W QtrQtr: NWNW Lat: 39.678628 Long: -104.508494

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)

Describe Permit Condition: See attached

Date: 04/04/2013 Time: 12:00 (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@conocophilips.com

Signature: Justin Carlile

Title: Regulatory Specialist

Date: 06/27/2013