

FORM
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Rev
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OGCC RECEPTION
Receive Date:
06/27/2013
Document Number:
400438198

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