

FORM
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OGCC RECEPTION
Receive Date:
07/16/2013
Document Number:
400448062

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Dollie Busse
Company Name: CONOCO PHILLIPS COMPANY Phone: (505) 324-6104
Address: P O BOX 2197 Fax: ()
City: HOUSTON State: TX Zip: 77252-2197 Email: dollie.l.busse@cop.com
API #: 05 - 067 - 09409 - 00 Facility ID: _____ Location ID: _____
Facility Name: CALLISON 34-9 29-2A
Sec: 29 Twp: 34N Range: 9W QtrQtr: SWSE Lat: 37.156400 Long: -107.847910

BRADENHEAD TEST – 48-hour Notice

Test Date: 07/22/2013 Time: 10:00 (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: Dollie L. Busse Email: dollie.l.busse@cop.com
Signature: _____ Title: Staff Regulatory Tech Date: 07/16/2013