

FORM
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Rev
03/12



OGCC RECEPTION
Receive Date:
08/01/2013
Document Number:
400461997

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Justin Carlile
Company Name: CONOCO PHILLIPS COMPANY Phone: (432) 230-8929
Address: P O BOX 2197 Fax: (432) 688-6019
City: HOUSTON State: TX Zip: 77252-2197 Email: justin.carlile@conocophillips.com
API #: 05 - 005 - 07205 - 01 Facility ID: _____ Location ID: _____
Facility Name: Tebo 33 1H
Sec: 33 Twp: 4s Range: 64W QtrQtr: SWSW Lat: 39.654664 Long: -104.564814

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 08/05/2013 Time: 05:00 (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: Regulatory Specialist Date: 08/01/2013