



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>200077</u>	Contact Person: <u>CHUCK DUNNING</u>
Company Name: <u>DUNNING* CHARLES P</u>	Phone: <u>(303) 408-2575</u>
Address: <u>PO BOX 1365</u>	Fax: <u>()</u>
City: <u>FORT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u>	Email: <u>CHUCK.DUNNING@ME.COM</u>
API #: <u>05 - 123 - 18989 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>SHOEMAKER 4-19</u>	
Sec: <u>19</u> Twp: <u>9N</u> Range: <u>58W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.741959</u> Long: <u>-103.912033</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 08/14/2013 Time: 11:00 (HH:MM) Underground Injection Control(UIC) Well? No

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: CHUCK DUNNING Email: CHUCK.DUNNING@ME.COM

Signature: _____ Title: OWNER Date: 08/05/2013