

FORM
42

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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:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 49100 Contact Person: Janni Keidel
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API #: 05 - 103 - 09975 - 00 Facility ID: _____ Location ID: _____
Facility Name: IVORY 2-34
Sec: 34 Twp: 2N Range: 97W QtrQtr: NWSE Lat: 40.095927 Long: -108.262277

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 09/17/2013 Time: 08:00 (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: Janni Keidel Email: janni.keidel@kochind.com
Signature: Janni Keidel Title: Ops/Reg Coordinator Date: 09/06/2013