

FORM
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OGCC RECEPTION

Receive Date:
09/09/2013

Document Number:
2430344

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 82440 Contact Person: CARY STEHIE
Company Name: STEHLE OIL COMPANY Phone: (970) 824-6909
Address: P O BOX 1577 Fax: (970) 824-6909
City: CRAIG State: CO Zip: 81626 Email: CARYSTEBLE@GMAIL.COM
API #: 05 - 081 - 06501 - 00 Facility ID: _____ Location ID: _____
Facility Name: ILES DOME 3
Sec: 23 Twp: 4N Range: 92W QtrQtr: NWNE Lat: 40.308500 Long: -107.678681

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 09/25/2013 Time: 01:00 (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: STACIE STEHLE Email: CORYSTEBLE@GMAIL.COM
Signature: _____ Title: _____ Date: 09/10/2013