

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
10/11/2013

Document Number:
400494234

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Justin Carlile
Company Name: CONOCO PHILLIPS COMPANY Phone: (432) 202-4112
Address: P O BOX 2197 Fax: (432) 688-6019
City: HOUSTON State: TX Zip: 77252-2197 Email: justin.carlile@conocophillips.com
API #: 05 - 005 - 07212 - 00 Facility ID: _____ Location ID: _____
Facility Name: Cline 4-64 2 1H
Sec: 2 Twp: 4S Range: 64W QtrQtr: SENE Lat: 39.732803 Long: -104.509206

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 10/14/2013 Time: 15:00 (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: 10/11/2013