

FORM
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OGCC RECEPTION

Receive Date:
10/26/2013

Document Number:
400502984

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Justin Carlile
Company Name: CONOCO PHILLIPS COMPANY Phone: (281) 647-1935
Address: P O BOX 2197 Fax: (281) 647-1935
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

NOTICE TO RUN AND CEMENT CASING – 24-hour notice

Start Date: 10/28/2013 Time: 06:00 (HH:MM) String: INTERMEDIATE

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: Regualtory Specialist Date: 10/26/2013