

FORM
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OGCC RECEPTION
Receive Date:
11/05/2013
Document Number:
400507736

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 76840 Contact Person: Jeff Schneider
Company Name: SCHNEIDER ENERGY SERVICES INC Phone: (970) 867-9437
Address: P O BOX 297 Fax: (970) 867-9137
City: FORT MORGAN State: CO Zip: 80701 Email: jeff@schneiderenergy.com
API #: 05 - 087 - 07146 - 00 Facility ID: _____ Location ID: _____
Facility Name: LISLE 1 RE-ENTRY
Sec: 3 Twp: 5N Range: 58W QtrQtr: NENE Lat: 40.434898 Long: -103.843803

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 11/15/2013 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: Jeff Schneider Email: jeff@schneiderenergy.com
Signature: _____ Title: President Date: 11/05/2013