

FORM
42
Rev
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OGCC RECEPTION
Receive Date:
01/19/2014
Document Number:
400542174

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>19160</u>	Contact Person: <u>Justin Carlile</u>
Company Name: <u>CONOCO PHILLIPS COMPANY</u>	Phone: <u>(281) 206-5770</u>
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City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77252-2197</u>	Email: <u>justin.carlile@conocophillips.com</u>
API #: <u>05 - 005 - 07210 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>Tebo 4 1H</u>	
Sec: <u>4</u> Twp: <u>5S</u> Range: <u>64W</u> QtrQtr: <u>SWSW</u>	Lat: <u>39.640256</u> Long: <u>-104.565450</u>

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 01/20/2014 Time: 12:00 (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: 01/19/2014