

FORM
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OGCC RECEPTION
Receive Date:
01/28/2014
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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 55575 Contact Person: Deb Powell
Company Name: MCELVAIN ENERGY INC Phone: (303) 893-0933
Address: 1050 17TH ST STE 2500 Fax: (303) 893-0914
City: DENVER State: CO Zip: 80265-2080 Email: Debby.Powell@McElvain.com
API #: 05 - 067 - 09277 - 00 Facility ID: _____ Location ID: _____
Facility Name: PAYNE C-3
Sec: 17 Twp: 32N Range: 6W QtrQtr: NWNE Lat: 37.022170 Long: -107.519780

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 02/07/2014 Time: 10:00 (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: Deborah Powell Email: Debby.Powell@McElvain.com
Signature: _____ Title: Eng Tech Manager Date: 01/28/2014