

FORM
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OGCC RECEPTION

Receive Date:
03/18/2014

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 2800 Contact Person: Cindy Hur Vue
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API #: 05 - 017 - 07780 - 00 Facility ID: _____ Location ID: _____
Facility Name: CABOOSE 1548-21-44 SWD
Sec: 21 Twp: 15S Range: 48W QtrQtr: SESE Lat: 38.722635 Long: -102.779769

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 03/21/2014 Time: 16:00 (HH:MM) Underground Injection Control(UIC) Well? Yes

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: Cindy Hur Vue Email: cindy.hurvue@anadarko.com
Signature: CINDY Title: Regulatory Analyst II Date: 03/18/2014