

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

04/03/2014

Document Number:

400583268

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>100322</u>	Contact Person: <u>Julie Webb</u>
Company Name: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 587-2316</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jwebb@nobleenergyinc.com</u>

  

API #: <u>05 - 123 - 08999 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Champlin Amoco 01 309</u>		
Sec: <u>5</u>	Twp: <u>6N</u>	Range: <u>63W</u> QtrQtr: <u>NWSW</u>
Lat: <u>40.515444</u>	Long: <u>-104.468143</u>	

**OFFSET MITIGATION COMPLETED**

This well was mitigated per the Offset Horizontal Policy. Permitted horizontal well requiring mitigation - API # 123-39034

Appropriate documentation for mitigation has been/will be submitted.

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: Julie Webb Email: jwebb@nobleenergyinc.com

Signature: \_\_\_\_\_ Title: Regulatory Analyst Date: 04/03/2014