

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

04/25/2014

Document Number:

400596213

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Trey Sullivan
Company Name: CONOCO PHILLIPS COMPANY Phone: (505) 320-3738
Address: P O BOX 2197 Fax: ()
City: HOUSTON State: TX Zip: 77252-2197 Email: Trey.Sullivan@cop.com
API #: 05 - 067 - 09459 - 00 Facility ID: _____ Location ID: _____
Facility Name: BALLANTINE 34-9 32-3A
Sec: 32 Twp: 34N Range: 9W QtrQtr: SWSW Lat: 37.143540 Long: -107.853700

BRADENHEAD TEST – 48-hour Notice

Test Date: 04/30/2014 Time: 09:00 (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: Dollie L. Busse Email: dollie.l.busse@cop.com
Signature: _____ Title: Staff Regulatory Tech Date: 04/25/2014