

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:
05/08/2014

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Justin Carlile
Company Name: CONOCO PHILLIPS COMPANY Phone: (281) 206-5770
Address: P O BOX 2197 Fax: (281) 647-1935
City: HOUSTON State: TX Zip: 77252-2197 Email: justin.carlile@conocophillips.com
API #: 05 - 005 - Facility ID: _____ Location ID: 436051
Facility Name: State Harvard 1H
Sec: 12 Twp: 5S Range: 65W QtrQtr: NWNE Lat: 39.636111 Long: -104.612800

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)

Describe Permit Condition: MIRU
Date: 05/11/2014 Time: 10:00 (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: 05/08/2014