

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/04/2014

Document Number:

400620164

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 17180 Contact Person: Martha Smith
Company Name: CITATION OIL & GAS CORP Phone: (281) 8911576
Address: 14077 CUTTEN RD Fax: ()
City: HOUSTON State: TX Zip: 77269 Email: msmith@cogc.com
API #: 05 - 017 - 06523 - 00 Facility ID: _____ Location ID: _____
Facility Name: MPU 44-30 1
Sec: 30 Twp: 13S Range: 47W QtrQtr: SESE Lat: 38.882867 Long: -102.706642

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 06/10/2014 Time: 00:00 (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: Martha Smith Email: msmith@cogc.com
Signature: MS Title: Compliance Coordinator Date: 06/04/2014