

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100122 Contact Person: Mike Cleary
Company Name: GUNNISON ENERGY CORPORATION Phone: (303) 296-4222
Address: 1801 BROADWAY #1200 Fax: (303) 296-4555
City: DENVER State: CO Zip: 80202 Email: mike.cleary@oxbow.com

API #: 05 - 029 - 06093 - 00 Facility ID: _____ Location ID: _____
Facility Name: LONE PINE 1A
Sec: 25 Twp: 12S Range: 91W QtrQtr: SEnw Lat: 38.987610 Long: -107.506010

MECHANICAL INTEGRITY TEST – 10-DAY NOTICETest Date: 06/17/2014 Time: 08:00 (HH:MM) Underground Injection Control(UIC) Well? No

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: Patty Johnson Email: patty.johnson@oxbow.com
Signature: _____ Title: Operations Tech Date: 06/13/2014