

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:

06/17/2014

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10449 Contact Person: Clay Doke
Company Name: TRITON ENERGY SERVICES LLC Phone: (720) 420-5700
Address: 2850 MCCLELLAND DRIVE STE 2400 Fax: ()
City: FORT COLLINS State: CO Zip: 80525 Email: clay.doke@iptenergyservices.com
API #: 05 - 123 - 37120 - 00 Facility ID: _____ Location ID: _____
Facility Name: TRITON 1
Sec: 23 Twp: 4N Range: 66W QtrQtr: SWNW Lat: 40.298010 Long: -104.749800

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 06/19/2014 Time: 08:30 (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: Clay Doke Email: clay.doke@iptenergyservices.com
Signature: _____ Title: Senior Engineer Date: 06/17/2014