

State of Colorado
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OGCC RECEPTION

Receive Date:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 69175 Contact Person: Jenifer Hakkarinen
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API #: 05 - 123 - 13963 - 00 Facility ID: _____ Location ID: _____
Facility Name: STATE LEASE 81 11-16
Sec: 16 Twp: 6N Range: 64W QtrQtr: NWNW Lat: 40.491530 Long: -104.562580

MECHANICAL INTEGRITY TEST – 10-DAY NOTICETest Date: 06/30/2014 Time: 06:00 (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: Jenifer Hakkarinen Email: Jenifer.Hakkarinen@pdce.com
Signature: Jenifer Hakkarinen Title: Regulatory TEch Date: 06/26/2014