

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:

08/11/2014

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>69805</u>	Contact Person: <u>Mike Clark</u>
Company Name: <u>PETROX RESOURCES INC</u>	Phone: <u>(970) 878-5594</u>
Address: <u>P O BOX 2600</u>	Fax: <u>(970) 878-4489</u>
City: <u>MEEKER</u> State: <u>CO</u> Zip: <u>81641</u>	Email: <u>mike.petroxcbm@gmail.com</u>

API #: <u>05 - 007 - 06316 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Dakota 33-5 #21-3</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>21</u> Twp: <u>33N</u> Range: <u>5W</u> QtrQtr: <u>SWNW</u>	Lat: <u>37.092990</u>	Long: <u>-107.404010</u>

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 08/08/2014 Time: 20:00 (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: <u>Barbara J Vaughn</u>	Email: <u>barb.petroxcbm@gmail.com</u>
Signature: _____	Title: <u>Administrative Assistant</u> Date: <u>08/11/2014</u>