

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: 10383 Contact Person: STEPHANIE CLASEN
Company Name: SOVEREIGN OPERATING COMPANY LLC Phone: (303) 297-0347
Address: 475 17TH STREET #1200 Fax: ()
City: DENVER State: CO Zip: 80202 Email: SCLASEN@BSEGLLC.COM

API #: 05 - 009 - 06268 - 00 Facility ID: _____ Location ID: _____
Facility Name: ROBBINS RANCH 'C' 1 ☐ Submit By Other Operator
Sec: 34 Twp: 31S Range: 42W QtrQtr: NWSW Lat: 37.298340 Long: -102.147810

MECHANICAL INTEGRITY TEST – 10-DAY NOTICETest Date: 10/20/2014 Time: 12:00 (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: STEPHANIE CLASEN Email: SCLASEN@BSEGLLC.COM
Signature: _____ Title: C&R MANAGER Date: 10/17/2014