

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:

11/30/2014

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10414</u>	Contact Person: <u>Bryan Bugg</u>
Company Name: <u>CASCADE PETROLEUM LLC</u>	Phone: <u>(303) 407-6500</u>
Address: <u>1331 17TH STREET #400</u>	Fax: <u>(303) 407-6501</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bbugg@cascadepetroleum.com</u>
API #: <u>05 - 073 - 06497 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>FORRISTALL STATE 36-11S-56W-02</u>	<input type="checkbox"/> Submit By Other Operator
Sec: <u>36</u> Twp: <u>11S</u> Range: <u>56W</u> QtrQtr: <u>SWNE</u>	Lat: <u>39.047860</u> Long: <u>-103.618370</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 12/08/2014 Time: 09:00 (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: <u>Bryan Bugg</u>	Email: <u>bbugg@cascadepetroleum.com</u>
Signature: <u>Bryan Bugg</u>	Title: <u>Engineer</u> Date: <u>11/30/2014</u>