

State of Colorado
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OGCC RECEPTION

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NOTICE OF NOTIFICATION

Entity Information

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API #: 05 - 045 - 06011 - 00 Facility ID: _____ Location ID: _____
Facility Name: CALF CANYON 14-1 ☐ Submit By Other Operator
Sec: 14 Twp: 6S Range: 102W QtrQtr: SWNW Lat: 39.541591 Long: -108.741367

MECHANICAL INTEGRITY TEST – 10-DAY NOTICETest Date: 12/15/2014 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: Naomi Azulai Email: maralextech@gmail.com
Signature: naomi Title: Production Technician Date: 12/08/2014