

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 - 09853 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: SOUTH SHALE RIDGE 1-14H ☐ Submit By Other Operator  
Sec: 14 Twp: 8S Range: 98W QtrQtr: NENE Lat: 39.366934 Long: -108.292805

MECHANICAL INTEGRITY TEST – 10-DAY NOTICETest Date: 02/02/2015 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 Technicain Date: 01/23/2015