

COGCC Approved: _____

Title: _____

Date: _____

Facility Type	County Code (xxx)	API Seq Num (xxxxx)	Facility ID	Location ID	Facility Name	Facility Num	QtrQtr	Sec	Twp	Range	Min. Owner Type	Surf. Owner Type	Update Request	Indiv. Assigned Surety ID	Trans/Gath#
Form 2A					Timbro 9-59	8A	SWNW	8	9N	59W					
Form 2					Timbro 9-59	8A-9-1	SWNW	8	9N	59W					
Form 2					Timbro 9-59	8A-9-2	SWNW	8	9N	59W					
Form 2					Timbro 9-59	8A-9-3	SWNW	8	9N	59W					
Form 2					Timbro 9-59	8A-9-4	SWNW	8	9N	59W					
Form 2					Timbro 9-59	8A-9-5	SWNW	8	9N	59W					
Form 2					Timbro 9-59	8A-9-6	SWNW	8	9N	59W					
Form 2					Timbro 9-59	8A-9-7	SWNW	8	9N	59W					
Form 2					Timbro 9-59	8A-9-8	SWNW	8	9N	59W					
Form 2					Timbro 9-59	8A-9-9	SWNW	8	9N	59W					
Form 2A					Timbro 9-59	8A-9-10	SWNW	8	9N	59W					
Form 2					Timbro 9-59	8B	NWSW	8	9N	59W					
Form 2					Timbro 9-59	8B-9-1	NWSW	8	9N	59W					
Form 2					Timbro 9-59	8B-9-2	NWSW	8	9N	59W					
Form 2					Timbro 9-59	8B-9-3	NWSW	8	9N	59W					
Form 2					Timbro 9-59	8B-9-4	NWSW	8	9N	59W					
Form 2					Timbro 9-59	8B-9-5	NWSW	8	9N	59W					
Form 2					Timbro 9-59	8B-9-6	NWSW	8	9N	59W					
Form 2					Timbro 9-59	8B-9-7	NWSW	8	9N	59W					
Form 2					Timbro 9-59	8B-9-8	NWSW	8	9N	59W					
Form 2					Timbro 9-59	8B-9-9	NWSW	8	9N	59W					
Form 2					Timbro 9-59	8B-9-10	NWSW	8	9N	59W					