

FORM  
42  
Rev  
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OGCC RECEPTION

Receive Date:  
**05/15/2012**

Document Number:  
**400285063**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 78110 Contact Person: Michael Bergstrom  
Company Name: SWEPI LP Phone: (303) 222-6347  
Address: 4582 S ULSTER ST PKWY #1400 Fax: ( )  
City: DENVER State: CO Zip: 80237 Email: michael.bergstrom@shell.com  
API #: 05 - 081 - 07668 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: HERRING DRAW 1-9  
Sec: 9 Twp: 4N Range: 90W QtrQtr: NWSE Lat: 40.327958 Long: -107.507844

**NOTICE TO RUN AND CEMENT CASING – 24-hour notice**

Start Date: 05/16/2012 Time: 16:30 (HH:MM) String: SURFACE

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: Michael Bergstrom Email: michael.bergstrom@shell.com  
Signature: \_\_\_\_\_ Title: Senior Regulatory Advisor Date: 05/15/2012