

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
05/29/2012

Document Number:
400289762

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 - 07681 - 00 Facility ID: _____ Location ID: _____
Facility Name: Hart Gulch 1-17
Sec: 17 Twp: 4N Range: 90W QtrQtr: NWSE Lat: 40.312333 Long: -107.525378

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 05/30/2012 Time: 09:00 (HH:MM)

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: 05/29/2012