



Receive Date:
06/01/2012

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10079 Contact Person: Shauna Redican
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API #: 05 - 045 - 20138 - 00 Facility ID: _____ Location ID: _____
Facility Name: McLin C23
Sec: 13 Twp: 6S Range: 92W QtrQtr: NESE Lat: 39.525306 Long: -107.607012

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 06/03/2012 Time: 04:00 (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: Shauna Redican Email: sredican@anteroresources.com
Signature: Shauna Redican Title: Permit Representative Date: 06/01/2012