

FORM
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Rev
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OGCC RECEPTION
Receive Date:
07/29/2012
Document Number:
400310456

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: (303) 222-6258
City: DENVER State: CO Zip: 80237 Email: MICHAEL.BERGSTROM@SHELL.COM
API #: 05 - 081 - 07667 - 00 Facility ID: _____ Location ID: _____
Facility Name: HERRING DRAW 2-9
Sec: 9 Twp: 4N Range: 90W QtrQtr: NWSE Lat: 40.328092 Long: -107.507794

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 07/30/2012 Time: 12:00 (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: BRANDON FOOTE Email: BRANDON.FOOTE@SHELL.COM
Signature: BRANDON FOOTE Title: DRILLING SUPERVISOR Date: 07/29/2012