

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**08/31/2012**

Document Number:  
**400322985**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 53650 Contact Person: Steve Schram  
Company Name: MARATHON OIL COMPANY Phone: (970) 244-5729  
Address: 5555 SAN FELIPE RD Fax: (970) 245-6287  
City: HOUSTON State: TX Zip: 77056 Email: smschram@marathonoil.com  
API #: 05 - 045 - 18392 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: 696-5C 15  
Sec: 5 Twp: 6S Range: 96W QtrQtr: Lot 12 Lat: 39.554850 Long: -108.135590

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 09/13/2012 Time: 12:00 (HH:MM) Underground Injection Control(UIC) Well? No

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: Tiffany Stebbins Email: tastebbins@marathonoil.com  
Signature: \_\_\_\_\_ Title: Regulatory Compliance Date: 08/31/2012