



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Justin Carlile
Company Name: CONOCO PHILLIPS COMPANY Phone: (432) 688-9165
Address: P O BOX 2197 Fax: (432) 688-6019
City: HOUSTON State: TX Zip: 77252-2197 Email: justin.carlile@conocophillips.com

API #: 05 - 005 - 07165 - 01 Facility ID: _____ Location ID: _____
Facility Name: Tebo 29 1H
Sec: 29 Twp: 4S Range: 64W QtrQtr: SESE Lat: 39.667458 Long: -104.568364

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/06/2012 Time: 07:00 (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: Justin Carlile Email: justin.carlile@conocophillips.com
Signature: Justin Carlile Title: Regulatory Specialist Date: 09/01/2012