

FORM
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OGCC RECEPTION
Receive Date:
12/17/2012
Document Number:
400359285

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10383 Contact Person: STEPHANIE CLASEN
Company Name: SOVEREIGN OPERATING COMPANY LLC Phone: (303) 297-0347
Address: 621 17TH STREET #950 Fax: ()
City: DENVER State: CO Zip: 80293 Email: sclasen@bsegllc.com
API #: 05 - 009 - 06648 - 00 Facility ID: _____ Location ID: _____
Facility Name: BAR-B-4 RANCH 1-15
Sec: 15 Twp: 32S Range: 43W QtrQtr: NENE Lat: 37.262070 Long: -102.245150

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 12/26/2012 Time: 09:30 (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: Stephanie Clasen Email: sclasen@bsegllc.com
Signature: _____ Title: C&R MGR Date: 12/17/2012