

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10383 Contact Person: STEPHANIE CLASEN
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API #: 05 - 009 - 06646 - 00 Facility ID: _____ Location ID: _____
Facility Name: GIBSON 1-25
Sec: 25 Twp: 32S Range: 43W QtrQtr: NWNE Lat: 37.232970 Long: -102.208860

MECHANICAL INTEGRITY TEST – 10-DAY NOTICETest Date: 12/20/2012 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