

FORM  
42  
Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION  
Receive Date:  
**12/17/2012**  
Document Number:  
**400359318**

**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 - 06650 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: WRIGHT 1-7  
Sec: 7 Twp: 32S Range: 42W QtrQtr: NWSE Lat: 37.269640 Long: -102.191180

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**  
Test Date: 12/13/2012 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