

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**01/26/2013**

Document Number:  
**400374859**

**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 - 07199 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Tebo 1 1H  
Sec: 1 Twp: 5S Range: 64W QtrQtr: Lot 1 Lat: 39.649233 Long: -104.491986

NOTICE OF SPUD – 48-hour notice required **Surface Hole Spud ONLY**

Spud Date: 01/28/2013 Time: 22:00 (HH:MM)  
Rig Name: H&P 280

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: 01/26/2013