

FORM
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OGCC RECEPTION
Receive Date:
03/28/2013
Document Number:
400397476

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10347 Contact Person: Christi Scritchfield
Company Name: CONTINENTAL RESOURCES INC Phone: (405) 234-9000
Address: PO BOX 269000 Fax: (405) 234-9562
City: OKLAHOMA CITY State: OK Zip: 73126 Email: christi.scritchfield@clr.com
API #: 05 - 123 - 36703 - 00 Facility ID: _____ Location ID: _____
Facility Name: Buchner 2-2H
Sec: 2 Twp: 7N Range: 60W QtrQtr: NWSW Lat: 40.603695 Long: -104.066655

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: 04/01/2013 Time: 18:00 (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: Christi Scritchfield Email: christi.scritchfield@clr.com
Signature: _____ Title: Regulatory Compliance Date: 03/28/2013