

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
04/12/2013
Document Number:
400403620

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Dollie Busse
Company Name: CONOCO PHILLIPS COMPANY Phone: (505) 324-6104
Address: P O BOX 2197 Fax: (505) 599-4062
City: HOUSTON State: TX Zip: 77252-2197 Email: Dollie.L.Busse@conocophillips.com
API #: 05 - 067 - 09382 - 00 Facility ID: _____ Location ID: _____
Facility Name: ARGENTA UTE 3A
Sec: 31 Twp: 34N Range: 10W QtrQtr: NESE Lat: 37.144900 Long: -107.970440

BRADENHEAD TEST – 48-hour Notice
Test Date: 04/16/2013 Time: 08:00 (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: Dollie Busse Email: Dollie.L.Busse@conocophillips.com
Signature: Dollie L. Busse Title: Staff Regulatory Technici Date: 04/12/2013