

FORM
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Rev
03/12



OGCC RECEPTION

Receive Date:
04/15/2013

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400404180

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Dollie Busse
Company Name: CONOCO PHILLIPS COMPANY Phone: (505) 324-6104
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City: HOUSTON State: TX Zip: 77252-2197 Email: Dollie.L.Busse@conocophillips.com
API #: 05 - 067 - 08299 - 00 Facility ID: _____ Location ID: _____
Facility Name: BONDAD 33-10 105
Sec: 12 Twp: 33N Range: 10W QtrQtr: SESW Lat: 37.114180 Long: -107.889170

BRADENHEAD TEST – 48-hour Notice

Test Date: 04/17/2013 Time: 09:30 (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: _____ Title: Staff Reg. Tech Date: 04/15/2013