

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**05/07/2013**  
Document Number:  
**400414817**

**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 - 06398 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: COGBURN-WECO A 1  
Sec: 31 Twp: 32S Range: 43W QtrQtr: SWNE Lat: 37.216662 Long: -102.301842

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 05/09/2013 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: Stephanie Clasen Title: C&R MGR Date: 05/07/2013