



Receive Date:  
**07/03/2013**

Document Number:  
**400442652**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 26580 Contact Person: Dollie Busse  
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Address: PO BOX 4289 Fax: ( )  
City: FARMINGTON State: NM Zip: 87499 Email: dollie.l.busse@cop.com  
API #: 05 - 067 - 07701 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: UTE 32-11 302  
Sec: 3 Twp: 32N Range: 11W QtrQtr: SENE Lat: 37.049880 Long: -108.024360

**BRADENHEAD TEST – 48-hour Notice**

Test Date: 07/11/2013 Time: 08:30 (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 L. Busse Email: dollie.l.busse@cop.com  
Signature: \_\_\_\_\_ Title: Staff Regulatory Tech Date: 07/03/2013