

FORM
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Rev
03/12



OGCC RECEPTION

Receive Date:
07/26/2013

Document Number:
400457202

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Justin Carlile
Company Name: CONOCO PHILLIPS COMPANY Phone: (432) 202-4112
Address: P O BOX 2197 Fax: (432) 688-6019
City: HOUSTON State: TX Zip: 77252-2197 Email: justin.carlile@conocophillips.com
API #: 05 - 005 - 07207 - 00 Facility ID: _____ Location ID: _____
Facility Name: Moran Trust 2 1
Sec: 2 Twp: 5S Range: 64W QtrQtr: NWSE Lat: 39.641706 Long: -104.516628

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 07/31/2013 Time: 06:00 (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: Justin Carlile Email: justin.carlile@conocophillips.com
Signature: Justin Carlile Title: Regulatory Specialist Date: 07/26/2013