

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/16/2013**  
Document Number:  
**400468681**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>10084</u>	Contact Person: <u>Judy Glinisty</u>
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API #: <u>05 - 071 - 06449 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>LAURIE 24-14</u>	
Sec: <u>14</u> Twp: <u>33S</u> Range: <u>66W</u> QtrQtr: <u>NENW</u>	Lat: <u>37.176930</u> Long: <u>-104.753700</u>

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

Test Date: 08/26/2013 Time: 08:00 (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: Judy Glinisty Email: Judy.Glinisty@pxd.com  
Signature: \_\_\_\_\_ Title: Lead Engineering Tech Date: 08/16/2013