

FORM
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OGCC RECEPTION
Receive Date:
08/16/2013
Document Number:
400468878

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 - 06433 - 00 Facility ID: _____ Location ID: _____
Facility Name: BRYAN 1-12X
Sec: 12 Twp: 31S Range: 42W QtrQtr: NESE Lat: 37.357570 Long: -102.097480

NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMED

Corrective Actions required by field inspection document # 663901640 have been performed on 05/15/2013
Site is ready for re-inspection.

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: 08/16/2013