

FORM  
42  
Rev  
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OGCC RECEPTION  
Receive Date:  
**08/21/2013**  
Document Number:  
**400470701**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 26580 Contact Person: Dollie Busse  
Company Name: BURLINGTON RESOURCES OIL & GAS LP Phone: (505) 324-6104  
Address: PO BOX 4289 Fax: ( )  
City: FARMINGTON State: NM Zip: 87499 Email: dollie.l.busse@cop.com  
API #: 05 - 067 - 07898 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: CINDER GULCH SWD((EPA) 3  
Sec: 11 Twp: 32N Range: 12W QtrQtr: NESW Lat: 37.031250 Long: -108.123160

BRADENHEAD TEST – 48-hour Notice  
Test Date: 09/04/2013 Time: 02:00 (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: Dollie L. Busse Email: dollie.l.busse@cop.com  
Signature: \_\_\_\_\_ Title: Staff Regulatory Tech Date: 08/21/2013