

FORM
42
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OGCC RECEPTION

Receive Date:
08/23/2013

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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 - 09339 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>TROLL 44-10</u>	
Sec: <u>10</u> Twp: <u>32S</u> Range: <u>68W</u> QtrQtr: <u>SESE</u>	Lat: <u>37.266760</u> Long: <u>-104.975780</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 09/09/2013 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: 08/23/2013