

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/28/2013**  
Document Number:  
**2430089**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 79905 Contact Person: J. BRAD SMITH  
Company Name: SMITH OIL PROPERTIES INC Phone: (303) 859-7293  
Address: 518 17TH ST STE 360 Fax: (303) 825-0516  
City: DENVER State: CO Zip: 80202-4104 Email: SMITHOILPROP@AOL.COM  
API #: 05 - 001 - 08303 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: LYNN 1  
Sec: 22 Twp: 1S Range: 63W QtrQtr: NWSE Lat: 39.946580 Long: -104.421330

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

Test Date: 09/04/2013 Time: 12:00 (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: JAMES B SMITH Email: SMITHOILPROP@AOL.COM  
Signature: \_\_\_\_\_ Title: FIELD SUPERVISOR Date: 08/26/2013