

FORM
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Rev
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OGCC RECEPTION
Receive Date:
09/25/2013
Document Number:
400485669

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10310</u>	Contact Person: <u>Dave Cook</u>
Company Name: <u>FRAM OPERATING LLC</u>	Phone: <u>(719) 355-1320</u>
Address: <u>6 SOUTH TEJON STREET #400</u>	Fax: <u>(719) 314-1362</u>
City: <u>COLORADO SPRINGS</u> State: <u>CO</u> Zip: <u>80903</u>	Email: <u>dave@framamericas.com</u>
API #: <u>05 - 077 - 08863 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>JENSEN 1-2</u>	
Sec: <u>1</u> Twp: <u>13S</u> Range: <u>98W</u> QtrQtr: <u>SESW</u>	Lat: <u>38.943660</u> Long: <u>-108.296030</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 10/11/2013 Time: 03:00 (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: Dave Cook Email: dave@framamericas.com
Signature: _____ Title: Manager Date: 09/25/2013