

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**10/08/2013**  
Document Number:  
**400491803**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10453 Contact Person: Christopher Noonan  
Company Name: CCI PARADOX UPSTREAM LLC Phone: (303) 825-0685  
Address: 600 17TH STREET #1900S Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: christopher.noonan@cci.com  
API #: 05 - 113 - 06070 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: ANDYS MESA FEDERAL 13  
Sec: 20 Twp: 44N Range: 16W QtrQtr: NESE Lat: 38.055680 Long: -108.650590

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

Test Date: 10/09/2013 Time: 14:00 (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: Christopher Noonan Email: christopher.noonan@cci.com  
Signature: Christopher Noonan Title: Supervisor Date: 10/08/2013