



OGCC RECEPTION
Receive Date:
10/25/2013
Document Number:
400502956

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>96850</u>	Contact Person: <u>Beaude Oaks</u>
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API #: <u>05 - 045 - 22030 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Federal PA 41-21</u>	
Sec: <u>21</u> Twp: <u>6S</u> Range: <u>95W</u> QtrQtr: <u>SENW</u>	Lat: <u>39.510513</u> Long: <u>-108.007885</u>

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: 10/26/2013 Time: 20:00 (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: Beaude Oaks Email: beaude.oaks@wpxenergy.com

Signature: Beaude D. Oaks Title: Consultant Date: 10/25/2013