

FORM
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Rev
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State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:
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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10330 Contact Person: Dave Rebol
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API #: 05 - 009 - 06449 - 00 Facility ID: _____ Location ID: _____
Facility Name: TSRU 801
Sec: 11 Twp: 35S Range: 46W QtrQtr: SENE Lat: 37.012725 Long: -102.562989

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 11/16/2013 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: Kathryn Highberger Email: dkama@kci.net
Signature: Kathryn Highberger Title: Admin. Asst. Date: 11/05/2013