

FORM
42
Rev
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OGCC RECEPTION
Receive Date:
11/05/2013
Document Number:
400507783

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>76840</u>	Contact Person: <u>Jeff Schneider</u>
Company Name: <u>SCHNEIDER ENERGY SERVICES INC</u>	Phone: <u>(970) 867-9437</u>
Address: <u>P O BOX 297</u>	Fax: <u>(970) 867-9137</u>
City: <u>FORT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u>	Email: <u>jeff@schneiderenergy.com</u>
API #: <u>05 - 121 - 09924 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>WARD & SON 2</u>	
Sec: <u>9</u> Twp: <u>2S</u> Range: <u>55W</u> QtrQtr: <u>NENW</u>	Lat: <u>39.897894</u> Long: <u>-103.548608</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: <u>11/22/2013</u>	Time: <u>09:00</u> (HH:MM)	Underground Injection Control(UIC) Well? <u>No</u>
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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: <u>Jeff Schneider</u>	Email: <u>jeff@schneiderenergy.com</u>	
Signature: _____	Title: <u>President</u>	Date: <u>11/05/2013</u>