

FORM
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OGCC RECEPTION

Receive Date:
11/19/2013

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10084 Contact Person: Judy Glinisty
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API #: 05 - 071 - 08562 - 00 Facility ID: _____ Location ID: _____
Facility Name: GALLINO 34-18
Sec: 18 Twp: 31S Range: 66W QtrQtr: SWSE Lat: 37.339610 Long: -104.819710

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 12/04/2013 Time: 08:00 (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: Judy Glinisty Email: Judy.Glinisty@pxd.com
Signature: _____ Title: Lead Engineering Tech Date: 11/19/2013