

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
12/02/2013
Document Number:
2431604

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 16520 Contact Person: GRAY NEHER
Company Name: CHEMCO INC Phone: (303) 771-7777
Address: 558 CASTLE PINES PKWY UTB4#402 Fax: (303) 7739021
City: CASTLE ROCK State: CO Zip: 80104 Email: G.H.NEHER@CHEMCO-OG.COM
API #: 05 - 061 - 06889 - 00 Facility ID: _____ Location ID: _____
Facility Name: DONOHOE 4A-2
Sec: 2 Twp: 19S Range: 45W QtrQtr: SENW Lat: 38.434830 Long: -102.430050

BLOW OUT PREVENTER TEST – 24-Hour notice
Test Date: 12/02/2013 Time: 08:00 (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: A. DEAN GOEDEKER Email: ADGRESOURCES@GMAIL.COM
Signature: _____ Title: CONSULTANT Date: 11/29/2013