

FORM
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OGCC RECEPTION

Receive Date:
12/19/2013

Document Number:
400530065

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 76840 Contact Person: Jeff Schneider
Company Name: SCHNEIDER ENERGY SERVICES INC Phone: (970) 867-9437
Address: P O BOX 297 Fax: (970) 8679137
City: FORT MORGAN State: CO Zip: 80701 Email: jeff@schneiderenergy.com
API #: 05 - 123 - 05571 - 00 Facility ID: _____ Location ID: _____
Facility Name: STATE 1
Sec: 16 Twp: 8N Range: 61W QtrQtr: NENE Lat: 40.667370 Long: -104.203430

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 12/30/2013 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: Jeff Schneider Email: jeff@schneiderenergy.com
Signature: Jeff Schneider Title: Prisident Date: 12/19/2013