

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**02/03/2014**  
Document Number:  
**400549775**

**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) 867-9137  
City: FORT MORGAN State: CO Zip: 80701 Email: jeff@schneiderenergy.com  
API #: 05 - 001 - 05534 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: COORDES 3  
Sec: 7 Twp: 1S Range: 57W QtrQtr: NESW Lat: 39.978286 Long: -103.811653

**NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMED**

Corrective Actions required by field inspection document # 671100640 have been performed on 02/03/2014  
Site is ready for re-inspection.

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: President Date: 02/03/2014