

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

07/28/2014

Document Number:

400651647

**NOTICE OF NOTIFICATION**

**Entity Information**

|   |  |
|---|--|
| OGCC Operator Number: <u>18795</u>  | Contact Person: <u>STEPHANIE CLASEN</u>                      |
| Company Name: <u>COLTON LIMITED LIABILITY CO</u>                          | Phone: <u>(303) 297-0347</u>                                 |
| Address: <u>475 17TH STREET #1200</u>                                     | Fax: <u>( )</u>  |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>                    | Email: <u>SCLASEN@BSEGLLC.COM</u>                            |
| API #: <u>05 - 001 - 06994 - 00</u> Facility ID: _____ Location ID: _____ |  |
| Facility Name: <u>GREEN 1</u>   | <input checked="" type="checkbox"/> Submit By Other Operator |
| Sec: <u>27</u> Twp: <u>1S</u> Range: <u>66W</u> QtrQtr: <u>SESW</u>       | Lat: <u>39.931320</u> Long: <u>-104.765460</u>               |

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 08/07/2014 Time: 10:00 (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: <u>STEPHANIE CLASEN</u> | Email: <u>SCLASEN@BSEGLLC.COM</u>                       |
| Signature: _____                    | Title: <u>C &amp; R MANAGER</u> Date: <u>07/28/2014</u> |