

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

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: STEPHANIE CLASEN Email: SCLASEN@BSEGLLC.COM
Signature: _____ Title: C & R MANAGER Date: 07/28/2014