

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:

07/31/2014

Document Number:

400653977

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>10383</u>	Contact Person: <u>STEPHANIE CLASEN</u>
Company Name: <u>SOVEREIGN OPERATING COMPANY LLC</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 - 009 - 06585 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>MURRAY 'A' 2</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>32</u> Twp: <u>31S</u> Range: <u>42W</u> QtrQtr: <u>NENW</u>	Lat: <u>37.307770</u>	Long: <u>-102.177060</u>

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

Test Date: 08/05/2014 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>07/31/2014</u>