

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:

10/16/2014

Document Number:

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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 - 06162 - 00</u> Facility ID: _____ Location ID: _____	
Facility Name: <u>HEFLEY 'A' 1</u> <input type="checkbox"/> Submit By Other Operator	
Sec: <u>30</u> Twp: <u>31S</u> Range: <u>42W</u> QtrQtr: <u>NWNE</u>	Lat: <u>37.320460</u> Long: <u>-102.192680</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 10/17/2014 Time: 12:00 (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&R MANAGER</u> Date: <u>10/16/2014</u>