

State of Colorado
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OGCC RECEPTION

Receive Date:

01/26/2015

Document Number:

400780402

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10470 Contact Person: Bill Lloyd
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API #: 05 - 123 - 31832 - 00 Facility ID: _____ Location ID: _____
Facility Name: LAZY D ZN 03-09 ☐ Submit By Other Operator
Sec: 3 Twp: 11N Range: 66W QtrQtr: NWSE Lat: 40.949850 Long: -104.760390

MECHANICAL INTEGRITY TEST – 10-DAY NOTICETest Date: 02/05/2015 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: David Platt Email: david@windmillenergy.net
Signature: David Platt Title: Agent Date: 01/26/2015