

State of Colorado
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OGCC RECEPTION

Receive Date:

02/06/2015

Document Number:

400787721

NOTICE OF NOTIFICATION

Entity Information

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API #: <u>05 - 077 - 08601 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>SOUTH SHALE RIDGE 4-13</u>	<input type="checkbox"/> Submit By Other Operator
Sec: <u>13</u> Twp: <u>8S</u> Range: <u>98W</u> QtrQtr: <u>NWNW</u>	Lat: <u>39.366176</u> Long: <u>-108.288299</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICETest Date: 02/16/2015 Time: 09:00 (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>Naomi Azulai</u>	Email: <u>maralextech@gmail.com</u>
Signature: <u>naomi</u>	Title: <u>Production Technician</u> Date: <u>02/06/2015</u>