

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:  
**02/12/2015**

Document Number:  
**400791110**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>81480</u>	Contact Person: <u>Kate Spring</u>
Company Name: <u>THOMAS L SPRING LLC</u>	Phone: <u>(303) 919-0283</u>
Address: <u>7400 E ORCHARD RD STE 2000</u>	Fax: <u>(303) 771-1713</u>
City: <u>GREENWOOD VILLAGE</u> State: <u>CO</u> Zip: <u>80111</u>	Email: <u>kathleenspring3@gmail.com</u>

API #: <u>05 - 011 - 06172 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>WOLLERT B 3</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>14</u> Twp: <u>21S</u> Range: <u>48W</u> QtrQtr: <u>SENE</u>	Lat: <u>38.225750</u>	Long: <u>-102.764730</u>

**NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMED**

Corrective Actions required by field inspection document # 668500618 have been performed on 02/11/2015  
Site is ready for re-inspection.

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>Kate Spring</u>	Email: <u>kathleenspring3@gmail.com</u>
Signature: <u>Kathleen Spring</u>	Title: <u>Manager</u> Date: <u>02/12/2015</u>