

FORM
42
Rev
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State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:
02/16/2015

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10396 Contact Person: Desiree Arrambide
Company Name: SWN PRODUCTION COMPANY LLC Phone: (281) 543-1041
Address: PO BOX 12359 Fax: ()
City: SPRING State: TX Zip: 77391 Email: desiree_arambide@swn.com
API #: 05 - 005 - 07182 - 01 Facility ID: _____ Location ID: _____
Facility Name: Staner 5-58 1-8H Submit By Other Operator
Sec: 8 Twp: 5S Range: 58W QtrQtr: SWSW Lat: 39.626372 Long: -103.908501

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 02/20/2015 Time: 08:00 (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: Desiree Arrambide Email: Desiree_arambide@swn.com
Signature: Desiree Arrambide Title: Regulatory Analyst Date: 02/16/2015