

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
10/29/2012
Document Number:
400340505

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 19160 Contact Person: Justin Carlile
Company Name: CONOCO PHILLIPS COMPANY Phone: (432) 688-9165
Address: P O BOX 2197 Fax: ()
City: HOUSTON State: TX Zip: 77252-2197 Email: justin.carlile@conocophillips.com
API #: 05 - 005 - 07179 - 00 Facility ID: _____ Location ID: _____
Facility Name: Grimm 34 4H
Sec: 34 Twp: 4S Range: 64W QtrQtr: SWSW Lat: 39.652925 Long: -104.542800

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 11/01/2012 Time: 06:00 (HH:MM)

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: Justin Carlile Email: justin.carlile@conocophillips.com
Signature: Justin Carlile Title: Regulatory Specialist Date: 10/29/2012