



OGCC RECEPTION
Receive Date:
05/29/2012
Document Number:
400289759

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10079</u>	Contact Person: <u>Shauna Redican</u>
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API #: <u>05 - 045 - 20112 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>McLin C2</u>	
Sec: <u>13</u> Twp: <u>6S</u> Range: <u>92W</u> QtrQtr: <u>NESE</u>	Lat: <u>39.525275</u> Long: <u>-107.607030</u>

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 05/29/2012 Time: 12:00 (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: Shauna Redican Email: sredican@anteroresources.com

Signature: Shauna Redican Title: Permit Representative Date: 05/29/2012