

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
04/05/2012

Document Number:
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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 46290 Contact Person: Susana Lara-Mesa
Company Name: K P KAUFFMAN COMPANY INC Phone: (303) 825-4822
Address: 1675 BROADWAY, STE 2800 Fax: (303) 825-4825
City: DENVER State: CO Zip: 80202 Email: slaramesa@kpk.com

API #: 05 - 123 - 35081 - 00 Facility ID: _____ Location ID: _____
Facility Name: Sunmarke 19-28-14
Sec: 28 Twp: 4N Range: 67W QtrQtr: SESW Lat: 40.279127 Long: -104.899996

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 04/06/2012 Time: 07:00 (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: Susana Lara-Mesa Email: slaramesa@kpk.com
Signature: Susana Lara-Mesa Title: Engineering Proejct Mgr Date: 04/05/2012