

FORM
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Rev
03/12



OGCC RECEPTION
Receive Date:
12/12/2012
Document Number:
400356036

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 46290 Contact Person: Bonnie Mobley
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: bmobley@kpk.com
API #: 05 - 123 - 12556 - 00 Facility ID: _____ Location ID: _____
Facility Name: ROLLIE VINCENT J #3
Sec: 12 Twp: 2N Range: 67W QtrQtr: SWSE Lat: 40.147031 Long: -104.836659

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 12/08/2012 Time: 09:00 (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 Project Mgr Date: 12/12/2012