

FORM

42

Rev
03/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date: _____

Document Number: _____

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 46685 Contact Person: Bob Clayton
 Company Name: Kinder Morgan CO2 Company, L.P. Phone: (970) 882-5507
 Address: 17801 Hwy 491 Fax: (970) 882-5521
 City: Cortez State: CO Zip: 81321 Email: bob.clayton@kind
 API #: 05-083 06697 Facility ID: 428410 Location ID: 428397
 Sec: 14 Twp: 37N Range: 18W QtrQtr: SWNE Lat: 37.46631N Long: 108.79869W

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: _____ Time: _____ (HH:MM)

NOTICE OF SPUD – 48-hour notice required Surface Hole Spud ONLY

Spud Date: _____ Time: _____ (HH:MM)

Rig Name: _____

NOTICE OF CONSTRUCTION OF A NEW LOCATION OR MAJOR CHANGE – 48-hour notice required

Start Date: _____

NOTICE TO RUN AND CEMENT CASING – 24-hour notice

Start Date: _____ Time: _____ (HH:MM) String: _____

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: _____ Time: _____ (HH:MM)

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: _____ Time: _____ (HH:MM) Underground Injection Control(UIC) Well? ☐

BRADENHEAD TEST – 48-hour Notice

Test Date: _____ Time: _____ (HH:MM)

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: _____ Time: _____ (HH:MM)

SITE READY FOR INSPECTION

PIT LINER INSTALLATION – 48-hour notice

Install Date: 6/21/2012

SIGNIFICANT LOST CIRCULATION – Notify within 24 hours, report mud losses in excess of 100 barrels which require shutdown of operations for an hour or longer to pump lost circulation material and rebuild pit volume

Date of Lost Circulation: _____ Time: _____ (HH:MM)

Measure Depth: _____ (feet) Mud Volume Lost: _____ (bbl)

Significant Kick Ensued? _____

A Form 23 (Well Control Report) is required for Significant Kicks within 15 days. A significant kick shall be defined as one that is managed by shutting in the well to circulate out the kick or that is managed by going on choke and requiring an increase in mud weight exceeding 3/10ths of one pound per gallon to control.

NOTICE OF HIGH BRADENHEAD PRESSURE DURING STIMULATION – Notify within 24 hours when bradenhead pressure increases more than 200 psig during stimulation. This satisfies Rule 341 verbal notification requirements. Submit a follow-up Form 4 within 15 days.

Date and time of High Bradenhead Pressure: _____ Time: _____ (HH:MM)

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)


Describe Permit Condition: _____

Date: _____ Time: _____ (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: Bob Clayton Email: bob_clayton@kindermorgan.com

Signature:  Title: Operations Superintendent Date: _____