

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
04/15/2013
Document Number:
400403816

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 - 24704 - 00 Facility ID: _____ Location ID: _____
Facility Name: CAMENISCH 50-32
Sec: 32 Twp: 4N Range: 67W QtrQtr: SENE Lat: 40.272280 Long: -104.907220

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 04/17/2013 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 Project Mgr Date: 04/15/2013