

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/22/2013**  
Document Number:  
**400471191**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 46685 Contact Person: Andrew Antipas  
Company Name: KINDER MORGAN CO2 CO LP Phone: (970) 882-2464  
Address: 17801 HWY 491 Fax: (970) 882-5521  
City: CORTEZ State: CO Zip: 81321 Email: Andrew\_Antipas@kindermorgan.com  
API #: 05 - 083 - 06407 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: MCELMO DOME UNIT 14-38-19 CB-1  
Sec: 14 Twp: 38N Range: 19W QtrQtr: SWNW Lat: 37.554039 Long: -108.920980

BLOW OUT PREVENTER TEST – 24-Hour notice  
Test Date: 08/26/2013 Time: 06:00 (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: Andrew\_Antipas Email: Andrew\_Antipas@kindermorgan.com  
Signature: AJA Title: Project Manager Date: 08/22/2013