

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
10/11/2013

Document Number:
400493063

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 - 10470 - 00 Facility ID: _____ Location ID: _____
Facility Name: ARTHUR STROMQUIST 1
Sec: 20 Twp: 2N Range: 68W QtrQtr: NESE Lat: 40.121753 Long: -105.020166

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

Describe Permit Condition: Well was brought back online after flooding
Date: 10/08/2013 Time: 17:00 (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: SLM Title: Engineering Project Mgr Date: 10/11/2013