

FORM
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Rev
03/12



OGCC RECEPTION
Receive Date:
03/18/2014
Document Number:
400573455

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 - 23516 - 00 Facility ID: _____ Location ID: _____
Facility Name: MATSHUSHIMA 4-19X
Sec: 10 Twp: 4N Range: 66W QtrQtr: SWNE Lat: 40.328360 Long: -104.761470

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 03/21/2014 Time: 08:00 (HH:MM) Anticipated Date of flowback: 03/24/2014

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: VP Engineering Date: 03/18/2014