

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**03/21/2014**

Document Number:  
**400576695**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 46685 Contact Person: Paul Belanger  
Company Name: KINDER MORGAN CO2 CO LP Phone: (970) 882-5507  
Address: 17801 HWY 491 Fax: (970) 882-5521  
City: CORTEZ State: CO Zip: 81321 Email: Paul\_Belanger@kindermorgan.com  
API #: 05 - 083 - 06708 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: CNE 1  
Sec: 6 Twp: 38N Range: 18W QtrQtr: LOT 8 Lat: 37.587700 Long: -108.865890

**BLOW OUT PREVENTER TEST – 24-Hour notice**

Test Date: 03/26/2014 Time: 08:00 (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: Paul Belanger Email: Paul\_Belanger@kindermorgan.com  
Signature: peb Title: Regulatory Contractor Date: 03/21/2014