

FORM
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Rev
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OGCC RECEPTION
Receive Date:
05/16/2012
Document Number:
400285236

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 - 12420 - 00 Facility ID: _____ Location ID: _____
Facility Name: MAUL 20-2
Sec: 20 Twp: 1N Range: 65W QtrQtr: SENE Lat: 40.039787 Long: -104.682029

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/17/2012 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: Susana Lara-Mesa Email: slaramesa@kpk.com
Signature: Susana Lara-Mesa Title: Engineering Project Mgr Date: 05/16/2012