

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
09/04/2012
Document Number:
400323664

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 - 005 - 06958 - 00 Facility ID: _____ Location ID: _____
Facility Name: MURPHY #31-3
Sec: 31 Twp: 4S Range: 63W QtrQtr: NESE Lat: 39.656348 Long: -104.474712

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/07/2012 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: 09/04/2012