

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

01/21/2013

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 46290 Contact Person: Bonnie Mobley
Company Name: K P KAUFFMAN COMPANY INC Phone: (303) 825-4822
Address: 1675 BROADWAY, STE 2800 Fax: (303) 825-4822
City: DENVER State: CO Zip: 80202 Email: bmobley@kpk.com

API #: 05 - 123 - 36474 - 00 Facility ID: _____ Location ID: _____
Facility Name: Genesis 9-2
Sec: 1 Twp: 5N Range: 67W QtrQtr: SESE Lat: 40.423320 Long: -104.834850

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 01/23/2013 Time: 07:00 (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: 01/21/2013