

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**01/21/2013**  
Document Number:  
**400372429**

**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