

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**07/22/2013**  
Document Number:  
**400451277**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 46685 Contact Person: Andrew Antipas  
Company Name: KINDER MORGAN CO2 CO LP Phone: (970) 882-2464  
Address: 17801 HWY 491 Fax: (970) 882-5521  
City: CORTEZ State: CO Zip: 81321 Email: Andrew\_Antipas@kindermorgan.com  
API #: 05 - 083 - 06253 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: MCELMO DOME UNIT 12-37-19 HC-1  
Sec: 12 Twp: 37N Range: 19W QtrQtr: NESE Lat: 37.475316 Long: -108.887696

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 08/05/2013 Time: 08:00 (HH:MM) Underground Injection Control(UIC) Well? No

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: Andrew Antipas Email: Andrew\_Antipas@kindermorgan.com  
Signature: AJA Title: Project Manager Date: 07/22/2013