

FORM
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Rev
03/12



OGCC RECEPTION

Receive Date:
11/07/2013

Document Number:
400508787

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 46290 Contact Person: Susana Lara-Mesa
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API #: 05 - 087 - 06757 - 00 Facility ID: _____ Location ID: _____
Facility Name: BOXER UNIT 31
Sec: 32 Twp: 2N Range: 58W QtrQtr: SESW Lat: 40.089730 Long: -103.898580

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 11/13/2013 Time: 09:00 (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: Susana Lara-Mesa Email: slaramesa@kpk.com
Signature: Susana Lara-Mesa Title: Engineering Project Mgr Date: 11/07/2013