

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:

08/28/2014

Document Number:

400674691

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>46290</u>	Contact Person: <u>Susana Lara-Mesa</u>
Company Name: <u>K P KAUFFMAN COMPANY INC</u>	Phone: <u>(303) 825-4822</u>
Address: <u>1675 BROADWAY, STE 2800</u>	Fax: <u>(303) 825-4825</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>slaramesa@kpk.com</u>
API #: <u>05 - 123 - 11503 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>HILL 3-10</u>	<input checked="" type="checkbox"/> Submit By Other Operator
Sec: <u>2</u> Twp: <u>4N</u> Range: <u>66W</u> QtrQtr: <u>NESW</u>	Lat: <u>40.339360</u> Long: <u>-104.746820</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/10/2014 Time: 09:00 (HH:MM) Anticipated Date of flowback: 09/13/2014

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: <u>Susana Lara-Mesa</u>	Email: <u>slaramesa@kpk.com</u>
Signature: <u>Susana Lara-Mesa</u>	Title: <u>VP Engineering</u> Date: <u>08/28/2014</u>