

FORM
42

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State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 46290 Contact Person: Susana Lara-Mesa
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API #: 05 - 123 - 08652 - 00 Facility ID: _____ Location ID: _____
Facility Name: TOM L. RUSSELL UNIT E 1 ☐ Submit By Other Operator
Sec: 30 Twp: 2N Range: 67W QtrQtr: SWNE Lat: 40.111655 Long: -104.930411

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 10/17/2014 Time: 10:00 (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: VP Engineering Date: 10/07/2014