

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

01/17/2015

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>46685</u>	Contact Person: <u>Andrew Antipas</u>
Company Name: <u>KINDER MORGAN CO2 CO LP</u>	Phone: <u>(970) 882-5534</u>
Address: <u>17801 HWY 491</u>	Fax: <u>(970) 882-5521</u>
City: <u>CORTEZ</u> State: <u>CO</u> Zip: <u>81321</u>	Email: <u>andrew_antipas@kindermorgan.com</u>
API #: <u>05 - 083 - 06385 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>HWD 2</u>	<input type="checkbox"/> Submit By Other Operator
Sec: <u>24</u> Twp: <u>37N</u> Range: <u>19W</u> QtrQtr: <u>NWNW</u>	Lat: <u>37.455304</u> Long: <u>-108.901599</u>

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 01/19/2015 Time: 10:00 (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: <u>Andrew Antipas</u>	Email: <u>andrew_antipas@kindermorgan.com</u>
Signature: <u>AJA</u>	Title: <u>Project Manager</u> Date: <u>01/17/2015</u>