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COGCC

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: <u>47120</u>	4. Contact Name: <u>Gregory Hamilton</u>	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>Kerr-McGee Oil & Gas Onshore LP</u>	Phone: <u>970/506-5948</u>	
3. Address: <u>1099 18th Street, Suite 1800</u> City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	Fax: <u>970/330-0431</u>	
5. API Number: <u>NA</u>	OGCC Facility ID Number: <u>149021</u>	Survey Plat
6. Well/Facility Name: <u>Drilling Fluid Management Facility</u>	7. Well/Facility Number: _____	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): _____	<u>SW Sec 34 - T3N - R66W - 6</u>	Surface Eqmpt Diagram
9. County: <u>Weld</u>	10. Field Name: <u>Wattenberg</u>	Technical Info Page
11. Federal, Indian or State Lease Number: _____		Other

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____

Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____

Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No

Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA:
Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT
Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____

Remove from surface bond
Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
Effective Date: _____
Plugging Bond: Blanket Individual

CHANGE WELL NAME NUMBER
From: _____
To: _____
Effective Date: _____

ABANDONED LOCATION:
Was location ever built? Yes No
Is site ready for inspection? Yes No
Date Ready for Inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
Date well shut in or temporarily abandoned: _____
Has Production Equipment been removed from site? Yes No
MIT required if shut in longer than two years. Date of last MIT _____

SPUD DATE: _____

REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date
_____	_____	_____	_____	_____	_____

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent
Approximate Start Date: _____

Report of Work Done
Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input checked="" type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other: _____	for Spills and Releases

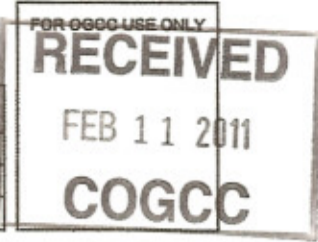
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Gregory Hamilton Date: 2-10-11 Email: Gregory.Hamilton@anadarko.com
Print Name: Greg Hamilton Title: Senior EHS Representative

COGCC Approved: [Signature] Title: EPS Date: 2/16/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 47120 API Number: _____
2. Name of Operator: Kerr-McGee Oil & Gas Onshore LP OGCC Facility ID # _____
3. Well/Facility Name: Drilling Fluid Management Facility Well/Facility Number: _____
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SW Sec 34 - T3N - R66W - 6

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Kerr-McGee Oil & Gas Onshore LP (Kerr-McGee) is requesting a modification to permit #149021 associated with the Kerr-McGee Drilling Fluid Management Facility (DFMF). This modification is an effort to minimize the volume of water-based bentonitic drilling fluids and associated cuttings land applied to privately owned fields and disposed of at commercial facilities. The modification will increase the annual volume from 24,000 cubic yards to 36,000 cubic yards, a 12,000 cubic yard annual increase. Kerr-McGee will continue to incorporate all water-based bentonitic and associated cuttings within 10 days. Soil sampling will be conducted after one full year of incorporation to insure that resulting concentrations are not in exceedance of Table 910-1. A full report will be submitted to the COGCC on an annual basis.