

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**10/01/2013**  
Document Number:  
**400488631**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 47120 Contact Person: Adrielle Stanley  
Company Name: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6000  
Address: P O BOX 173779 Fax: (720) 929-7000  
City: DENVER State: CO Zip: 80217-3779 Email: adrielle.stanley@anadarko.com  
API #: 05 - 069 - 06446 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: MIRACLE 13C-12HZ  
Sec: 12 Twp: 5N Range: 68W QtrQtr: SESE Lat: 40.408928 Long: -104.945350

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 10/10/2013 Time: 08:00 (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: Adrielle Stanley Email: adrielle.stanley@anadarko.com  
Signature: \_\_\_\_\_ Title: Administrative Assistant Date: 10/01/2013