



OGCC RECEPTION
Receive Date:
10/18/2013
Document Number:
400498278

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>47120</u>	Contact Person: <u>Adrielle Stanley</u>
Company Name: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6000</u>
Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7000</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Email: <u>adrielle.stanley@anadarko.com</u>
API #: <u>05 - 123 - 36926 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>RALPH 35N-19HZ</u>	
Sec: <u>19</u> Twp: <u>1N</u> Range: <u>67W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.043025</u> Long: <u>-104.938186</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 10/28/2013 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: 10/18/2013