

FORM
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OGCC RECEPTION
Receive Date:
11/20/2013
Document Number:
400515971

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 - 123 - 36515 - 00 Facility ID: _____ Location ID: _____
Facility Name: DCP 37C-17HZ
Sec: 8 Twp: 3N Range: 66W QtrQtr: NWSE Lat: 40.237498 Long: -104.799289

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 12/05/2013 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: 11/20/2013