

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**11/20/2013**  
Document Number:  
**400515975**

**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 - 36622 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: GRIFFITHS 36C-20HZ  
Sec: 17 Twp: 1N Range: 67W QtrQtr: NENW Lat: 40.055696 Long: -104.916230

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

Date of Treatment: 11/17/2013 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