

FORM
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OGCC RECEPTION
Receive Date:
12/05/2013
Document Number:
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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 47120 Contact Person: Joel Malefyt
Company Name: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828
Address: P O BOX 173779 Fax: (720) 929-7828
City: DENVER State: CO Zip: 80217-3779 Email: joel.malefyt@anadarko.com

API #: 05 - 123 - 35198 - 00 Facility ID: _____ Location ID: _____
Facility Name: XCEL 14-27
Sec: 27 Twp: 1N Range: 67W QtrQtr: SWSW Lat: 40.016370 Long: -104.883525

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/19/2013 Time: 07:00 (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: Joel Malefyt Email: joel.malefyt@anadarko.com
Signature: _____ Title: Regulatory Analyst Date: 12/05/2013