

FORM  
42  
Rev  
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OGCC RECEPTION  
Receive Date:  
**12/05/2013**  
Document Number:  
**400522819**

**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) 9297828  
City: DENVER State: CO Zip: 80217-3779 Email: joel.malefyt@anadarko.com  
API #: 05 - 123 - 36689 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: CANNON 35N-10HZ  
Sec: 10 Twp: 2N Range: 66W QtrQtr: NWNW Lat: 40.158755 Long: -104.768417

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**  
Date of Treatment: 09/10/2013 Time: 07:00 (HH:MM) Anticipated Date of flowback: 09/15/2013

Comment:  
\_\_\_\_\_

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