

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**12/23/2013**  
Document Number:  
**400531312**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 47120 Contact Person: ADRIELLE STANLEY  
Company Name: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6470  
Address: P O BOX 173779 Fax: ( )  
City: DENVER State: CO Zip: 80217-3779 Email: adrielle.stanley@anadarko.com  
API #: 05 - 123 - 37501 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: HERMAN 37C-5HZ  
Sec: 32 Twp: 3N Range: 66W QtrQtr: SESE Lat: 40.174743 Long: -104.796326

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

Date of Treatment: 01/02/2014 Time: 07:00 (HH:MM) Anticipated Date of flowback: 01/06/2014

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: 12/23/2013