

FORM
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OGCC RECEPTION
Receive Date:
12/23/2013
Document Number:
400531318

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 - 37502 - 00 Facility ID: _____ Location ID: _____
Facility Name: HERMAN 15N-5HZ
Sec: 32 Twp: 3N Range: 66W QtrQtr: SWSE Lat: 40.174743 Long: -104.796419

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required
Date of Treatment: 01/04/2014 Time: 07:00 (HH:MM) Anticipated Date of flowback: 01/08/2014

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