

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

**10/28/2014**

Document Number:

**400718636**

**NOTICE OF NOTIFICATION**

**Entity Information**

|   |   |
|---|---|
| OGCC Operator Number: <u>47120</u>                          | Contact Person: <u>Kayla Hesseltine</u>     |
| Company Name: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>    | Phone: <u>(720) 929-9552</u>                |
| Address: <u>P O BOX 173779</u>                              | Fax: <u>( )</u>                             |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u> | Email: <u>kayla.hesseltine@anadarko.com</u> |

  

|   |   |                          |
|---|---|--------------------------|
| API #: <u>05 - 123 - 39133 - 00</u>                                 | Facility ID: _____                                | Location ID: _____       |
| Facility Name: <u>REYNOLDS CATTLE 31C-23HZ</u>                      | <input type="checkbox"/> Submit By Other Operator |                          |
| Sec: <u>23</u> Twp: <u>3N</u> Range: <u>68W</u> QtrQtr: <u>NENE</u> | Lat: <u>40.217216</u>                             | Long: <u>-104.961383</u> |

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

Date of Treatment: 11/01/2014 Time: 08:00 (HH:MM) Anticipated Date of flowback: 11/02/2014

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: <u>Kayla Hesseltine</u> | Email: <u>kayla.hesseltine@anadarko.com</u>                 |
| Signature: _____                    | Title: <u>Regulatory Specialist</u> Date: <u>10/28/2014</u> |