

**FORM****42**Rev  
03/15**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:

**01/26/2017**

Document Number:

**401194591****FIELD OPERATIONS NOTICE**

The Form 42 shall be submitted as required by Rule, Notice to Operators, Policy, or Condition of Approval.  
A Form 42 Update shall be submitted to revise the scheduled date or time on a previous Form 42 - Advance Notice of Field Operations.  
A Form 42 Update must be for the same well, location, or facility and for the same Field Operation as a previous Form 42.  
NOTE: Operator's Contact for Advance Notices of Field Operations should be available 24 hours a day, 7 days a week and should have the most current scheduling information for the operation. Operator's Contact for other notices should be able to respond to questions regarding the reported information.

Update of a previous Form 42 Notice NO**Entity Information**OGCC Operator Number: 47120Contact Person: LAURA WELLMANCompany Name: KERR MCGEE OIL & GAS ONSHORE LPPhone: (435) 322-0118Address: P O BOX 173779Fax: ( )City: DENVER State: CO Zip: 80217-3779Email: laura.wellman@anadarko.comAPI #: 05 - 123 - 41792 - 00

Facility ID: \_\_\_\_\_

Location ID: \_\_\_\_\_

Facility Name: TEDFORD 4N-28HZ☐ Submit By Other OperatorSec: 28 Twp: 2N Range: 66W QtrQtr: SWSWLat: 40.102632 Long: -104.787274**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 01/29/2017 Time: 08:00 (HH:MM) Anticipated Date of Flowback: 02/06/2017**FOR GAS WELLS ONLY:**

- ☐ This well is a Gas Well, anticipated to have a Gas-to-Oil Ratio (GOR) equal to or greater than 15,000 scf/bbl.
- ☐ This Form 42 is submitted to satisfy notification requirements under NSPS OOOO, 40 C.F.R. Part 60, &60.5420(a)(2)(i).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: ILA BEALEEmail: ila.beale@anadarko.com

Signature: \_\_\_\_\_

Title: STAFF REG. SPECIALISTDate: 01/26/2017