

FORM

42

Rev  
03/15State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

04/18/2018

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## 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: <u>47120</u>	Contact Person: <u>Erik Mickelson</u>
Company Name: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-4306</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>erik.mickelson@anadarko.com</u>

API #: <u>05 - 123 - 46264 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>QUARTER CIRCLE 24-1HZX</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>24</u> Twp: <u>1N</u> Range: <u>67W</u> QtrQtr: <u>SWSW</u>	Lat: <u>40.030327</u>	Long: <u>-104.844301</u>

## WATER SAMPLE REPORTING Immediate Notification Required

COGCC Sample Site Facility ID: 757341 Sample Date: 01/30/2018

Check all that apply:

- ☐ The methane concentration increased by more than 5.0 mg/l between sampling periods
- ☒ Methane concentration is detected at or above 10 mg/l
- ☐ Compositional/isotopic data test results indicate thermogenic gas or a mixture of thermogenic and biogenic gas
- ☐ BTEX compounds or TPH are detected in the water sample

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

Print Name: <u>Erik Mickelson</u>	Email: <u>erik.mickelson@anadarko.com</u>
Signature: _____	Title: <u>Sr HSE Rep</u> Date: <u>04/18/2018</u>