

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:

06/14/2019

Document Number:

402076324**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>DJ ANDERSON</u> |
| Company Name: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> | Phone: <u>(970) 515-1263</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>DJANDERSON@ANADARKO.COM</u> |

| | | |
|---|---|--------------------------|
| API #: <u>05 - 123 - 47711 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>CASTLE PINES 19-6HZ</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>19</u> Twp: <u>2N</u> Range: <u>66W</u> QtrQtr: <u>SESE</u> | Lat: <u>40.117680</u> | Long: <u>-104.814398</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/27/2019 Time: 08:00 (HH:MM) Anticipated Date of Flowback: 07/10/2019

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: <u>KRISTINA GENO</u> | Email: <u>kristina.geno@anadarko.com</u> |
| Signature: _____ | Title: <u>REGULATORY ANALYST</u> Date: <u>06/14/2019</u> |