

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:  
**10/24/2019**  
Document Number:  
**402221152**

**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>KRISTINA GENO</u>
Company Name: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6824</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>kristina_geno@oxy.com</u>
API #: <u>05 - 123 - 50491 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>CLELAND 15-1HZ</u>	<input type="checkbox"/> Submit By Other Operator
Sec: <u>15</u> Twp: <u>1N</u> Range: <u>68W</u> QtrQtr: <u>NESW</u>	Lat: <u>40.048669</u> Long: <u>-104.992126</u>

**SIGNIFICANT LOST CIRCULATION – Notify within 24 hours, report mud losses in excess of 100 barrels which require shutdown of operations for an hour or longer to pump lost circulation material and rebuild pit volume**

Date of Lost Circulation: 10/24/2019 Time: 01:30 (HH:MM)  
Measure Depth: 427 (feet) Mud Volume Lost: 800 (bbl)  
Did a Kick occur after the loss of circulation? No

NOTE: Per Rule 327, a Form 23 (Well Control Report) shall be submitted within 15 days for all uncontrolled events, providing all details required on the form.

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

Print Name: KRISTINA GENO Email: kristina\_geno@oxy.com  
Signature: \_\_\_\_\_ Title: REGULATORY ANALYST Date: 10/24/2019