

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:  
**10/31/2019**  
Document Number:  
**402227945**

**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 - 48105 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>CARSON 1-6HZ</u>	<input type="checkbox"/> Submit By Other Operator
Sec: <u>1</u> Twp: <u>1N</u> Range: <u>68W</u> QtrQtr: <u>SWSW</u>	Lat: <u>40.075783</u> Long: <u>-104.959466</u>

NOTICE OF HIGH BRADENHEAD PRESSURE DURING STIMULATION – Notify within 24 hours when bradenhead pressure increases more than 200 psig during stimulation. This satisfies Rule 341 verbal notification requirements. Submit a follow-up Form 4 within 15 days.

Date of High Bradenhead Pressure: 10/31/2019 Time: 04:45 (HH:MM)  
Starting BrHd pressure: 0 psig Highest BrHd pressure: 532 psig Was this well being stimulated?

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: 10/31/2019