

# 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:

**08/09/2021**

Document Number:

**402774899**

## 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>Chase Montoya</u> |
| Company Name: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>    | Phone: <u>(970) 515-1500</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>WattenbergIOC@oxy.com</u>  |

|  |   |                            |
|--|---|----------------------------|
| API #: <u>05 - 123 - 29989 - 00</u>                                | Facility ID: <u>285272</u>                        | Location ID: <u>302894</u> |
| Facility Name: <u>SOUTH GATE 8-43</u>                              | <input type="checkbox"/> Submit By Other Operator |                            |
| Sec: <u>8</u> Twp: <u>5N</u> Range: <u>67W</u> QtrQtr: <u>SWSE</u> | Lat: <u>40.409240</u>                             | Long: <u>-104.913550</u>   |

### NOTICE OF RETURN TO SERVICE

Check the appropriate Box Below.

#### Well

☒ The well will be returned to production on this date: 08/16/2021 [See Rules 417.b.(4) and 417.c.(4)]

OR

☐ The well will be returned to injection on this date: \_\_\_\_\_ [See Rules 417.b.(4) and 417.c.(4)]

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

|                                    |  |
|------------------------------------|--|
| Print Name: <u>Heather Leavitt</u> | Email: <u>DJFlowlinePT_RTPSubmittals@oxy.com</u> |
| Signature: _____                   | Title: _____ Date: <u>08/09/2021</u>             |

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