

# 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:

**11/08/2021**

Document Number:

**402864355**

## 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 - 22885 - 00</u>                                | Facility ID: <u>277054</u>                        |
| Location ID: <u>305377</u>   |   |
| Facility Name: <u>DOLPH 12-1</u>                                   | <input type="checkbox"/> Submit By Other Operator |
| Sec: <u>1</u> Twp: <u>2N</u> Range: <u>66W</u> QtrQtr: <u>NWSW</u> | Lat: <u>40.165600</u> Long: <u>-104.732540</u>    |

### NOTICE OF RETURN TO SERVICE

Check the appropriate Box Below.

#### Well

☒ The well will be returned to production on this date: 11/16/2021 [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: KRISTINA GENO Email: DJFlowlinePT\_RTPSubmittals@oxy.com  
Signature: \_\_\_\_\_ Title: REGULATORY ANALYST Date: 11/08/2021

