

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:

05/03/2022

Document Number:

403036167

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 & 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 - 32672 - 00</u> | Facility ID: <u>420693</u> | Location ID: <u>336658</u> |
| Facility Name: <u>SEKICH 30-20</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>18</u> Twp: <u>3N</u> Range: <u>67W</u> QtrQtr: <u>NESE</u> | Lat: <u>40.223123</u> | Long: <u>-104.927788</u> |

NOTICE OF RETURN TO SERVICE

Check the appropriate Box Below.

Well

☒ The well will be returned to production on this date: 05/05/2022 [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>KRISTINA GENO</u> | Email: <u>KRISTINA_GENO@OXY.COM</u> |
| Signature: _____ | Title: <u>REGULATORY ANALYST</u> Date: <u>05/03/2022</u> |

