

State of Colorado  
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

ECMC RECEPTION

Receive Date:

04/29/2024

Document Number:

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## 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 NOEntity Information

ECMC Operator Number: <u>47120</u>	Contact Person: <u>DJ ANDERSON</u>
Company Name: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(970) 5065980</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>RSCWATTENBERGIOC@ANADARKO.COM</u>

API #: <u>05 - 123 - 52239 - 00</u>	Facility ID: <u>485305</u>	Location ID: <u>485208</u>
Facility Name: <u>LABRISA 35-4HZ</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>35</u> Twp: <u>2N</u> Range: <u>65W</u> QtrQtr: <u>NESW</u>	Lat: <u>40.091304</u>	Long: <u>-104.633285</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice requiredDate of Treatment: 05/04/2024Time: 08:00 (HH:MM)Anticipated Date of Flowback: 07/16/2024Is the Hydraulic Fracturing Treatment of this Well anticipated to last for longer than one day? Yes

If YES, describe the anticipated duration of these operations:

THE ANTICIPATED DURATION OF FRAC OPERATIONS IS 19 DAYS.

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

Print Name: DANE OLSONEmail: DANE\_OLSON@OXY.COM

Signature: \_\_\_\_\_

Title: REG ANALYSTDate: 04/29/2024