

**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:

**05/12/2016**

Document Number:

**401045737****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: 47120Contact Person: HEATH POTTMEYERCompany Name: KERR MCGEE OIL & GAS ONSHORE LPPhone: (740) 525-3445Address: P O BOX 173779Fax: ( )City: DENVER State: CO Zip: 80217-3779Email: heath.pottmeyer@anadarko.comAPI #: 05 - 123 - 41342 - 00

Facility ID: \_\_\_\_\_

Location ID: \_\_\_\_\_

Facility Name: ICEMAN STATE 12N-16HZ☐ Submit By Other OperatorSec: 15 Twp: 3N Range: 67W QtrQtr: SWNWLat: 40.227413 Long: -104.882656**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 05/26/2016 Time: 08:00 (HH:MM) Anticipated Date of Flowback: 05/31/2016**FOR GAS WELLS ONLY:**☐ This well is a Gas Well, anticipated to have a Gas-to-Oil Ratio (GOR) equal to or greater than 15,000 scf/bbl.☐ This Form 42 is submitted to satisfy notification requirements under NSPS OOOO, 40 C.F.R. Part 60, &60.5420(a)(2)(i).

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

Print Name: ILA BEALEEmail: ila.beale@anadarko.com

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

Title: STAFF REG. SPECIALISTDate: 05/12/2016