

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

CO DNR

Receive Date: 09/22/2017

OGCC RECEPTION

Document Number: 401410805

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.

Entity Information OGCC Operator Number: 47120 Contact Person: ANDY VAN WYK Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 951-2800 Address: P O BOX 173779 Fax: () City: DENVER State: CO Zip: 80217-3779 Email: andy.vanwyk@anadarko.com API #: 05 - 123 - 43261 - 00 Facility ID: Location ID:	Update of a previous Form 42 Notice NO						
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 951-2800 Address: P O BOX 173779 Fax: () City: DENVER State: CO Zip: 80217-3779 Email: andy.vanwyk@anadarko.com API #: 05 - 123 - 43261 - 00 Facility ID: Location ID:	Entity Information						
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API #: 05 - 123 - 43261 - 00 Facility ID: Location ID: Facility Name: HILGERS 12N-22HZ Submit By Other Operator Sec: 22 Twp: 3N Range: 68W QtrQtr: NESE Lat: 40.210256 Long: -104.981563 NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required Date of Treatment: 10/03/2017 Time: 08:00 (HH:MM) Anticipated Date of Flowback: 10/06/2017 FOR GAS WELLS ONLY: Image: 08:00 (HH:MM) Anticipated Date of Flowback: 10/06/2017 For GAS WELLS ONLY: Image: 08:00 (HH:MM) Anticipated Date of Flowback: 10/06/2017 For GAS WELLS ONLY: Image: 08:00 (HH:MM) Anticipated Date of Flowback: 10/06/2017 For GAS WELLS ONLY: Image: Image: 08:00 (HH:MM) Anticipated Date of Flowback: 10/06/2017 Image: Image: Image: 08:00 (HH:MM) Anticipated Date of Flowback: 10/06/2017 Image: Image: 08:00 (HH:MM) Anticipated Date of Flowback: 10/06/20(3)(2)(i). Image: Image:	Address: P O BOX 173779			Fax: ()			
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Print Name: ILA BEALE Email: ila.beale@anadarko.com							
Print Name: ILA BEALE Email: ila.beale@anadarko.com							
	I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.						
Signature: Title: STAFF REG. SPECIALIST Date: 09/22/2017	Print Name: ILA BEALE	Email:	ila.beale@a	ila.beale@anadarko.com			
	Signature:	Title:	STAFF REG. SPECIALIST Date: 09/22/2017			09/22/2017	