



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>47120</u>	Contact Person: <u>Joel Malefyt</u>
Company Name: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6828</u>
Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7828</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Email: <u>joel.malefyt@anadarko.com</u>
API #: <u>05 - 123 - 35947 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>HUDSON 35N-35HZ</u>	
Sec: <u>26</u> Twp: <u>2N</u> Range: <u>65W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.115877</u> Long: <u>-104.637777</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/21/2013 Time: 07:00 (HH:MM)

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Joel Malefyt Email: joel.malefyt@anadarko.com

Signature: _____ Title: Regulatory Analyst Date: 12/05/2013