

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
02/07/2014
Document Number:
400552219

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 47120 Contact Person: ADRIELLE STANLEY
Company Name: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6470
Address: P O BOX 173779 Fax: ()
City: DENVER State: CO Zip: 80217-3779 Email: adrielle.stanley@anadarko.com
API #: 05 - 123 - 37885 - 00 Facility ID: _____ Location ID: _____
Facility Name: WIRKNER-VANCE 30N-36HZ
Sec: 36 Twp: 3N Range: 67W QtrQtr: SWSW Lat: 40.175354 Long: -104.845255

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 02/20/2014 Time: 07:00 (HH:MM) Anticipated Date of flowback: 02/24/2014

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: ADRIELLE STANLEY Email: adrielle.stanley@anadarko.com
Signature: _____ Title: Administrative Assistant Date: 02/07/2014