

FORM
42
Rev
03/12

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:
05/27/2014

Document Number:
400614993

NOTICE OF NOTIFICATION

Entity Information

| | |
|---|--|
| OGCC Operator Number: <u>47120</u> | Contact Person: <u>Kenny Trueax</u> |
| Company Name: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> | Phone: <u>(720) 929-6383</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>RSCDJPOSTDRILL@ANADARKO.COM</u> |
| API #: <u>05 - 123 - 18639 - 00</u> Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>STATE 16-13J7</u> | |
| Sec: <u>16</u> Twp: <u>3N</u> Range: <u>67W</u> QtrQtr: <u>SESW</u> | Lat: <u>40.219770</u> Long: <u>-104.897640</u> |

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)

Describe Permit Condition: Flood well return to production

Date: 05/29/2014 Time: 13:30 (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: Kenny Trueax Email: kenny.trueax@anadarko.com

Signature: _____ Title: Sr. Regulatory Analyst Date: 05/27/2014