

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:

07/30/2014

Document Number:

400652863

NOTICE OF NOTIFICATION

Entity Information

| | |
|---|---|
| OGCC Operator Number: <u>47120</u> | Contact Person: <u>Kayla Hamilton</u> |
| Company Name: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> | Phone: <u>(720) 929-6552</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>kayla.hamilton@anadarko.com</u> |

| | | |
|---|--|--------------------------|
| API #: <u>05 - 123 - 36399 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>BROTEMARKLE 3N-13HZ</u> | <input checked="" type="checkbox"/> Submit By Other Operator | |
| Sec: <u>13</u> Twp: <u>3N</u> Range: <u>66W</u> QtrQtr: <u>SESW</u> | Lat: <u>40.218881</u> | Long: <u>-104.727427</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 07/31/2014 Time: 08:00 (HH:MM) Anticipated Date of flowback: 08/01/2014

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: <u>Kayla Hamilton</u> | Email: <u>kayla.hamilton@anadarko.com</u> |
| Signature: _____ | Title: <u>Regulatory Specialist</u> Date: <u>07/30/2014</u> |