

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:

400652871

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>47120</u>	Contact Person: <u>Kayla Hamilton</u>
Company Name: <u>KERR MCGEE OIL &amp; 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 - 36518 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>BROTEMARKLE 4C-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>40.218780</u>	Long: <u>-104.729780</u>

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 08/04/2014 Time: 08:00 (HH:MM) Anticipated Date of flowback: 08/05/2014

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>