

FORM**42**Rev
03/15**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:

07/01/2015

Document Number:

400862359**FIELD OPERATIONS NOTICE**

The Form 42 shall be submitted as required by Rule, Notice to Operators, Policy, or Condition of Approval.
A Form 42 Update shall be submitted to revise the scheduled date or time on a previous Form 42 - Advance Notice of Field Operations.
A Form 42 Update must be for the same well, location, or facility and for the same Field Operation as a previous Form 42.
NOTE: Operator's Contact for Advance Notices of Field Operations should be available 24 hours a day, 7 days a week and should have the most current scheduling information for the operation. Operator's Contact for other notices should be able to respond to questions regarding the reported information.

Update of a previous Form 42 Notice NO**Entity Information**OGCC Operator Number: 47120Contact Person: Erik MickelsonCompany Name: KERR MCGEE OIL & GAS ONSHORE LPPhone: (720) 929-4306Address: P O BOX 173779Fax: ()City: DENVER State: CO Zip: 80217-3779Email: erik.mickelson@anadarko.comAPI #: 05 - 123 - 41795 - 00

Facility ID: _____

Location ID: _____

Facility Name: TEDFORD 3C-28HZ☐ Submit By Other OperatorSec: 28 Twp: 2N Range: 66W QtrQtr: SESWLat: 40.102629 Long: -104.786845**WATER SAMPLE REPORTING Immediate Notification Required**COGCC Sample Site Facility ID: 754130Sample Date: 03/11/2015

Check all that apply:

☐ The methane concentration increased by more than 5.0 mg/l between sampling periods☒ Methane concentration is detected at or above 10 mg/l☐ Compositional/isotopic data test results indicate thermogenic gas or a mixture of thermogenic and biogenic gas☐ BTEX compounds or TPH are detected in the water sample

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Erik MickelsonEmail: erik.mickelson@anadarko.com

Signature: _____

Title: Sr HSE RepDate: 07/01/2015