

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:

08/28/2015

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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        YES       

**Entity Information**

OGCC Operator Number: <u>      </u> 47120 <u>      </u>	Contact Person: <u>      </u> ED GRIEBEL <u>      </u>
Company Name: <u>      </u> KERR MCGEE OIL & GAS ONSHORE LP <u>      </u>	Phone: <u>      </u> (970) 339-1078 <u>      </u>
Address: <u>      </u> P O BOX 173779 <u>      </u>	Fax: <u>      </u> ( ) <u>      </u>
City: <u>      </u> DENVER <u>      </u> State: <u>      </u> CO <u>      </u> Zip: <u>      </u> 80217-3779 <u>      </u>	Email: <u>      </u> ed.griebel@anadarko.com <u>      </u>
API #: <u>      </u> 05 - 069 - 06273 - 00 <u>      </u>	Facility ID: <u>      </u>
Facility Name: <u>      </u> WICKED 1 <u>      </u>	<input checked="" type="checkbox"/> Submit By Other Operator
Sec: <u>      </u> 10 <u>      </u> Twp: <u>      </u> 5N <u>      </u> Range: <u>      </u> 68W <u>      </u> QtrQtr: <u>      </u> NWSW <u>      </u>	Lat: <u>      </u> 40.412443 <u>      </u> Long: <u>      </u> -104.999699 <u>      </u>

**START OF PLUGGING OPERATIONS** - 48-hour notice required

Date:        09/01/2015        Time:        8:00        (HH:MM)

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

Print Name:        REBECCA HEIM        Email:        Rebecca.Heim@anadarko.com       

Signature:        Title:        SR. REGULATORY ANALYST        Date:        08/28/2015