

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:

11/12/2015

Document Number:

400935946**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: <u>47120</u>	Contact Person: <u>Erik Mickelson</u>
Company Name: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-4306</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>erik.mickelson@anadarko.com</u>

API #: <u>05 - 123 - 42205 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>ALVIN 2C-29HZ</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>29</u> Twp: <u>2N</u> Range: <u>65W</u> QtrQtr: <u>SESE</u>	Lat: <u>40.103040</u>	Long: <u>-104.679623</u>

WATER SAMPLE REPORTING Immediate Notification RequiredCOGCC Sample Site Facility ID: 754381 Sample Date: 09/22/2015

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: <u>Erik Mickelson</u>	Email: <u>erik.mickelson@anadarko.com</u>
Signature: _____	Title: <u>Sr HSE Rep</u> Date: <u>11/12/2015</u>