

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:

04/15/2020

Document Number:

402371365

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>Chase Montoya</u> |
| Company Name: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> | Phone: <u>(970) 5730050</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>chase_montoya@oxy.com</u> |

| | | |
|--|---|--------------------|
| API #: <u>05 - 123 - 24055 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>THOMPSON 23-6</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>6</u> Twp: <u>3N</u> Range: <u>66W</u> QtrQtr: <u>SWSE</u> | Lat: <u>40.248780</u> Long: <u>-104.818300</u> | |

RETURN TO SERVICE - 48-hour notice

Check the appropriate Box Below.

Well

☒ The well will be returned to production on this date: 04/20/2020 [See Rules 326.b.(4) and 326.c.(4)]

OR

☐ The well will be returned to injection on this date: _____ [See Rules 326.b.(4) and 326.c.(4)]

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

| | |
|---------------------------------|--|
| Print Name: <u>Martha Meyer</u> | Email: <u>DJFlowlinePT_RTPSubmittals@oxy.com</u> |
| Signature: _____ | Title: _____ Date: <u>04/15/2020</u> |