

**FORM****42**Rev  
01/21**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:

**08/19/2021**

Document Number:

**402785290****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>MIKE WARDINSKY</u> |
| Company Name: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>    | Phone: <u>(720) 9296000</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>MIKE_WARDINSKY@OXY.COM</u>  |

  

|   |   |                            |
|---|---|----------------------------|
| API #: <u>05 - 123 - 39585 - 00</u>                                 | Facility ID: <u>437536</u>                        | Location ID: <u>437535</u> |
| Facility Name: <u>DOUTHIT 9C-27HZ</u>                               | <input type="checkbox"/> Submit By Other Operator |                            |
| Sec: <u>26</u> Twp: <u>3N</u> Range: <u>68W</u> QtrQtr: <u>NESE</u> | Lat: <u>40.194424</u>                             | Long: <u>-104.962117</u>   |

**OTHER**Describe: BRADENHEAD ABATEMENT PROGRAM HAS STARTEDDate: 08/19/2021 Time: 06:00 (HH:MM)

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

Print Name: ELISE LORENZEmail: ELISE\_LORENZ@OXY.COM

Signature: \_\_\_\_\_

Title: ADMINISTRATIVE ASSISTANTDate: 08/19/2021