

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:

05/28/2015

Document Number:

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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 NO

Entity Information

OGCC Operator Number: 100322 Contact Person: Colby Horton  
Company Name: NOBLE ENERGY INC Phone: (970) 396-2532  
Address: 1625 BROADWAY STE 2200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: colby.horton@nblenergy.com

API #: 05 - 123 - 39099 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Mahalo State AA09-78HNC  Submit By Other Operator  
Sec: 4 Twp: 6N Range: 63W QtrQtr: SWSW Lat: 40.508750 Long: -104.447960

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/01/2015 Time: 06:00 (HH:MM) Anticipated Date of Flowback: 06/15/2015

FOR GAS WELLS ONLY:

- This well is a Gas Well, anticipated to have a Gas-to-Oil Ratio (GOR) equal to or greater than 15,000 scf/bbl.
- This Form 42 is submitted to satisfy notification requirements under NSPS OOOO, 40 C.F.R. Part 60, &60.5420(a)(2)(i).

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

Print Name: Colby Horton Email: colby.horton@nblenergy.com  
Signature: \_\_\_\_\_ Title: Stimulation Manager Date: 05/28/2015