

**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:****09/21/2016****Document Number:****401115652****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**

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| OGCC Operator Number: <u>10633</u>                         | Contact Person: <u>Chris McRickard</u>       |
| Company Name: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u> | Phone: <u>(720) 410-8487</u>                 |
| Address: <u>370 17TH STREET #2170</u>                      | Fax: <u>( )</u>                              |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>     | Email: <u>chris.mcrickard@crestonepr.com</u> |

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|---|--|--------------------------|
| API #: <u>05 - 123 - 38079 - 00</u>                                 | Facility ID: _____   | Location ID: _____       |
| Facility Name: <u>File 3J-32H K268</u>                              | <input checked="" type="checkbox"/> Submit By Other Operator |                          |
| Sec: <u>32</u> Twp: <u>2N</u> Range: <u>68W</u> QtrQtr: <u>NESW</u> | Lat: <u>40.092574</u>  | Long: <u>-105.030933</u> |

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**Test Date: 09/28/2016 Time: 09:00 (HH:MM) Underground Injection Control(UIC) Well? No

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

|                                    |  |
|------------------------------------|--|
| Print Name: <u>Chris McRickard</u> | Email: <u>chris.mcrickard@crestonepr.com</u>             |
| Signature: _____                   | Title: <u>Regulatory Analyst</u> Date: <u>09/21/2016</u> |