

**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:

**03/30/2017**

Document Number:

**401247853****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>96850</u>                        | Contact Person: <u>Lynn Cass</u> |
| Company Name: <u>TEP ROCKY MOUNTAIN LLC</u>               | Phone: <u>(970) 285-9377</u>     |
| Address: <u>PO BOX 370</u>                                | Fax: <u>( )</u>                  |
| City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u> | Email: <u>LCass@terraep.com</u>  |

|   |   |                          |
|---|---|--------------------------|
| API #: <u>05 - 045 - 23475 - 00</u>                                 | Facility ID: _____                                | Location ID: _____       |
| Facility Name: <u>CHEVRON TR 13-24-597</u>                          | <input type="checkbox"/> Submit By Other Operator |                          |
| Sec: <u>23</u> Twp: <u>5S</u> Range: <u>97W</u> QtrQtr: <u>SWNE</u> | Lat: <u>39.599463</u>                             | Long: <u>-108.241383</u> |

**NOTICE TO RUN AND CEMENT CASING – 24-hour notice**Start Date: 04/03/2017 Time: 08:00 (HH:MM) String: CONDUCTOR

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

|                              |   |
|------------------------------|---|
| Print Name: <u>Lynn Cass</u> | Email: <u>LCass@terraep.com</u>                 |
| Signature: _____             | Title: <u>Drlg Supt</u> Date: <u>03/30/2017</u> |