

**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:****07/13/2017****Document Number:****401340407****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>10548</u>                     | Contact Person: <u>Terry Pape</u> |
| Company Name: <u>HRM RESOURCES II LLC</u>              | Phone: <u>(970) 768-5700</u>      |
| Address: <u>410 17TH STREET #1600</u>                  | Fax: <u>(303) 893-6892</u>        |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>tpape@hrmres.com</u>    |

|  |   |                          |
|--|---|--------------------------|
| API #: <u>05 - 081 - 06153 - 00</u>                                  | Facility ID: _____                                | Location ID: _____       |
| Facility Name: <u>BIGHOLE-FEDERAL 15-1</u>                           | <input type="checkbox"/> Submit By Other Operator |                          |
| Sec: <u>15</u> Twp: <u>10N</u> Range: <u>94W</u> QtrQtr: <u>SWNW</u> | Lat: <u>40.826900</u>                             | Long: <u>-107.940660</u> |

**FLOWLINES ABANDONED** - per RULE 1103Date completed: 06/30/2017

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

|                               |   |
|-------------------------------|---|
| Print Name: <u>Gina Payne</u> | Email: <u>gpayne@hrmres.com</u>                             |
| Signature: _____              | Title: <u>Production Technician</u> Date: <u>07/13/2017</u> |