

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:

12/14/2017

Document Number:

401452251

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>74250</u>	Contact Person: <u>Tom Bowman</u>	
Company Name: <u>RESOURCE DEVELOPMENT TECHNOLOGY LLC</u>	Phone: <u>(303) 716-3200</u>	
Address: <u>PO BOX 1020</u>	Fax: <u>( )</u>	
City: <u>MORRISON</u> State: <u>CO</u> Zip: <u>80465</u>	Email: <u>tombowman@usermail.com</u>	
API #: <u>05 - 017 - 07507 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>DOLFI 1-35</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>35</u> Twp: <u>15S</u> Range: <u>45W</u> QtrQtr: <u>SWSW</u>	Lat: <u>38.698240</u>	Long: <u>-102.420850</u>

**NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMED**  
ALL Corrective Actions required by field inspection document # 680001128 have been performed.  
Date of Completion: 11/03/2017 Site is ready for re-inspection.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.  
Print Name: Tom Bowman Email: tombowman@usermail.com  
Signature: \_\_\_\_\_ Title: Operations Manager Date: 12/14/2017