

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:

12/20/2017

Document Number:

401492117

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: 10633 Contact Person: Michael Kraynek
Company Name: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 774-3906
Address: 1801 CALIFORNIA STREET #2500 Fax: ()
City: DENVER State: CO Zip: 80202 Email: michael.kraynek@crestonepr.com

API #: 05 - 123 - 45805 - 00 Facility ID: _____ Location ID: _____
Facility Name: Kiyota 4N-35H-O367 Submit By Other Operator
Sec: 35 Twp: 3N Range: 67W QtrQtr: SWSE Lat: 40.175554 Long: -104.853432

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 01/23/2018 Time: 12:00 (HH:MM) Anticipated Date of Flowback: 03/03/2018

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: Renee Kendrick Email: renee.kendrick@crestonepr.com
Signature: _____ Title: Regulatory Coordinator Date: 12/20/2017