

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:

04/12/2018

Document Number:

401606058

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>10433</u> | Contact Person: <u>John Grubich</u> |
| Company Name: <u>LARAMIE ENERGY LLC</u> | Phone: <u>(970) 812-5312</u> |
| Address: <u>1401 SEVENTEENTH STREET #1400</u> | Fax: <u>(970) 263-3694</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>JGrubich@Laramie-Energy.com</u> |

| | | |
|---|---|--------------------------|
| API #: <u>05 - 077 - 10433 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>Bruton Federal 0993-19-09E</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>19</u> Twp: <u>9S</u> Range: <u>93W</u> QtrQtr: <u>SENW</u> | Lat: <u>39.262856</u> | Long: <u>-107.815022</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 04/16/2018 Time: 14:00 (HH:MM) Anticipated Date of Flowback: 04/16/2018

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: <u>Christina Pierce</u> | Email: <u>cpierce@Laramie-Energy.com</u> |
| Signature: _____ | Title: <u>Engineering Tech</u> Date: <u>04/12/2018</u> |