

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:

06/07/2018

Document Number:

401666115

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: 96850 Contact Person: Kyle Kohl
Company Name: TEP ROCKY MOUNTAIN LLC Phone: (970) 623-8907
Address: PO BOX 370 Fax: ()
City: PARACHUTE State: CO Zip: 81635 Email: kkohl@terraep.com

API #: 05 - 045 - 23709 - 00 Facility ID: _____ Location ID: _____
Facility Name: FEDERAL PA 333-26 Submit By Other Operator
Sec: 26 Twp: 6S Range: 95W QtrQtr: NESW Lat: 39.494336 Long: -107.966643

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/11/2018 Time: 07:00 (HH:MM) Anticipated Date of Flowback: 06/14/2018

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: Kyle Kohl Email: kkohl@terraep.com
Signature: _____ Title: Completions Supt. Date: 06/07/2018