

FORM

42

Rev
03/15State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

07/18/2018

Document Number:

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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>26580</u> | Contact Person: <u>BURGER JOEY</u> |
| Company Name: <u>BURLINGTON RESOURCES OIL & GAS LP</u> | Phone: <u>(307) 705-3694</u> |
| Address: <u>600 N DAIRY ASHFORD RD</u> | Fax: <u>()</u> |
| City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u> | Email: <u>CentralRockiesCompletions1@conocophillips.com</u> |

| | | |
|---|---|--------------------------|
| API #: <u>05 - 001 - 10129 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>Florida 3-65 27-26 3AH</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>27</u> Twp: <u>3S</u> Range: <u>65W</u> QtrQtr: <u>NWSW</u> | Lat: <u>39.759045</u> | Long: <u>-104.657385</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice requiredDate of Treatment: 07/22/2018 Time: 07:00 (HH:MM) Anticipated Date of Flowback: 10/03/2018**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: Liang Yu Email: liang.yu@cop.comSignature: _____ Title: Sr Regulatory Coordinator Date: 07/18/2018