

**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:****08/06/2018****Document Number:****401726045****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>10633</u>                         | Contact Person: <u>Buddy Burke</u>     |
| Company Name: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u> | Phone: <u>(720) 3981700</u>            |
| Address: <u>1801 CALIFORNIA STREET #2500</u>               | Fax: <u>( )</u>                        |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>     | Email: <u>ensign153@crestonepr.com</u> |

|                                                                    |                                                   |                          |
|--------------------------------------------------------------------|---------------------------------------------------|--------------------------|
| API #: <u>05 - 123 - 46746 - 00</u>                                | Facility ID: _____                                | Location ID: _____       |
| Facility Name: <u>Davis 11-9H-G266</u>                             | <input type="checkbox"/> Submit By Other Operator |                          |
| Sec: <u>9</u> Twp: <u>2N</u> Range: <u>66W</u> QtrQtr: <u>SWNE</u> | Lat: <u>40.154464</u>                             | Long: <u>-104.777875</u> |

**BLOW OUT PREVENTER TEST – 24-Hour notice**Test Date: 08/07/2018 Time: 10:00 (HH:MM)

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.

|                                |                                                            |
|--------------------------------|------------------------------------------------------------|
| Print Name: <u>Buddy Burke</u> | Email: <u>ensign153@crestonepr.com</u>                     |
| Signature: _____               | Title: <u>Well Site Supervisor</u> Date: <u>08/06/2018</u> |