

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:

09/13/2018

Document Number:

401762260**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: 96850Contact Person: Kyle KohlCompany Name: TEP ROCKY MOUNTAIN LLCPhone: (970) 623-8907Address: PO BOX 370Fax: ()City: PARACHUTE State: CO Zip: 81635Email: kkohl@terraep.comAPI #: 05 - 045 - 23705 - 00

Facility ID: _____

Location ID: _____

Facility Name: FEDERAL PA 334-26☐ Submit By Other OperatorSec: 26 Twp: 6S Range: 95W QtrQtr: NESWLat: 39.494328 Long: -107.966882**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 09/18/2018 Time: 07:00 (HH:MM) Anticipated Date of Flowback: 09/21/2018**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.comSignature: _____ Title: Completions Supt. Date: 09/13/2018