

**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:

**09/27/2018**

Document Number:

**401770113****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>10261</u>	Contact Person: <u>Robert Carney</u>
Company Name: <u>BAYSWATER EXPLORATION &amp; PRODUCTION LLC</u>	Phone: <u>(720) 881-4509</u>
Address: <u>730 17TH ST STE 500</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>RCarney@bayswater.us</u>

API #: <u>05 - 123 - 46279 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>G &amp; D Hanks T-27-28HC</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>27</u> Twp: <u>7N</u> Range: <u>66W</u> QtrQtr: <u>SWSE</u>	Lat: <u>40.542048</u>	Long: <u>-104.759854</u>

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 09/27/2018 Time: 10:00 (HH:MM) Anticipated Date of Flowback: 11/27/2018**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>Robert Carney</u>	Email: <u>RCarney@bayswater.us</u>
Signature: _____	Title: <u>COMPLETIONS MANAGER</u> Date: <u>09/27/2018</u>