

**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:

**10/02/2018**

Document Number:

**401781358****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>Michael Kraynek</u>       |
| Company Name: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u> | Phone: <u>(303) 774-3906</u>                 |
| Address: <u>1801 CALIFORNIA STREET #2500</u>               | Fax: <u>(720) 656-8120</u>                   |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>     | Email: <u>michael.kraynek@crestonepr.com</u> |

|  |   |                          |
|--|---|--------------------------|
| API #: <u>05 - 123 - 46681 - 00</u>                                | Facility ID: _____                                | Location ID: _____       |
| Facility Name: <u>Davis 1L-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>40.154392</u>                             | Long: <u>-104.777928</u> |

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 10/04/2018 Time: 12:00 (HH:MM) Anticipated Date of Flowback: 11/15/2018

**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>Erin Lind</u> | Email: <u>erin.lind@crestonepr.com</u>                   |
| Signature: _____             | Title: <u>Regulatory Analyst</u> Date: <u>10/02/2018</u> |