

**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: _____

Document Number: _____

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

Entity Information

OGCC Operator Number: <u>10117</u>		Contact Person: <u>Larry Romme</u>
Company Name: <u>Lorentz Oil & Gas LLC</u>		Phone: <u>(620) 629-3131</u>
Address: <u>2109 Berkeley Drive</u>		Fax: <u>(620) 626-6336</u>
City: <u>Wichita</u>	State: <u>Ks</u> Zip: <u>76308</u>	Email: <u>deanjohnson@lonestarservicesllc.com</u>
API #: <u>05 - 009 - 06555 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Hume 1-29</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>29</u> Twp: <u>32S</u> Range: <u>42W</u> QtrQtr: <u>N2</u>	Lat: <u>37.2340845</u>	Long: <u>-102.177183</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: _____ Time: _____ (HH:MM) Anticipated Date of Flowback: _____

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).

NOTICE OF SPUD – 48-hour notice required Surface Hole Spud ONLY

Spud Date: _____ Time: _____ (HH:MM)

Rig Name: _____

NOTICE OF CONSTRUCTION OF A NEW LOCATION OR MAJOR CHANGE – 48-hour notice required

Start Date: _____

NOTICE TO RUN AND CEMENT CASING – 24-hour notice

Start Date: _____ Time: _____ (HH:MM) String: _____

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: _____ Time: _____ (HH:MM)

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: _____ Time: _____ (HH:MM) Underground Injection Control(UIC) Well? _____

BRADENHEAD TEST – 48-hour Notice

Test Date: 11/15/2018 Time: 12:00 (HH:MM)

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: _____ Time: _____ (HH:MM)

SITE READY FOR RECLAMATION INSPECTION :

PIT LINER INSTALLATION – 48-hour notice

Install Date: 11/23/2018

SIGNIFICANT LOST CIRCULATION – Notify within 24 hours. report mud losses in excess of 100 barrels which require shutdown of operations for an hour or longer to pump lost circulation material and rebuild pit volume

Date of Lost Circulation: _____ Time: _____ (HH:MM)

Measure Depth: _____ (feet) Mud Volume Lost: _____ (bbl)

Did a Kick occur after the loss of circulation? _____

NOTE: Per Rule 327, a Form 23 (Well Control Report) shall be submitted within 15 days for all uncontrolled events, providing all details required on the form.

NOTICE OF HIGH BRADENHEAD PRESSURE DURING STIMULATION – Notify within 24 hours when bradenhead pressure increases more than 200 psig during stimulation. This satisfies Rule 341 verbal notification requirements. Submit a follow-up Form 4 within 15 days.

Date of High Bradenhead Pressure: _____ Time: _____ (HH:MM)

Starting BrHd pressure: _____ psig Highest BrHd pressure: _____ psig Was this well being stimulated?

COMPLETION OF FORM 2/2A PERMIT CONDITION

Describe Permit Condition: _____

Date: _____ Time: _____ (HH:MM)

NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMED

ALL Corrective Actions required by field inspection document # _____ have been performed.

Date of Completion: _____ Site is ready for re-inspection.

RULISON SAP/RIO BLANCO SAP - SPUD NOTICE– 48-hour notice required

Spud Date: _____ Time: _____ (HH:MM) Sector: _____ Tier: _____

Rig Name: _____

HYDROGEN SULFIDE

This notice is provided per the current COGCC Notice to Operators: Reporting Hydrogen Sulfide (H2S). The presence of H2S has been indicated by gas analysis at this oil and gas facility.

OFFSET MITIGATION COMPLETED

This well was mitigated per the Horizontal Offset Policy. Permitted horizontal well requiring mitigation - API # _____ - _____

Appropriate documentation for mitigation has been/will be submitted.

FLOWLINES ABANDONED - per RULE 1103

Date completed: _____

START OF PLUGGING OPERATIONS - 48-hour notice required

Date: 11/20/2018 Time: 09:00 (HH:MM)

WATER SAMPLE REPORTING Immediate Notification Required

COGCC Sample Site Facility ID: _____ Sample Date: _____

Check all that apply:

- The methane concentration increased by more than 5.0 mg/l between sampling periods
- Methane concentration is detected at or above 10 mg/l
- Compositional/isotopic data test results indicate thermogenic gas or a mixture of thermogenic and biogenic gas
- BTEX compounds or TPH are detected in the water sample

REPORT OF UNCONTROLLED WELL EVENT - Per Rule 327 - Notify the Director as soon as practicable, but no later than 24 hours following an uncontrolled event at any oil, gas or water well.

Date of Uncontrolled Event _____ Time: _____ (HH:MM)

Check if Uncontrolled Event was a Kick while drilling

NOTE: Per Rule 327, a Form 23 (Well Control Report) shall be submitted within 15 days for all uncontrolled events, providing all details required on the form.

OTHER

Describe: _____

Date: _____ Time: _____ (HH:MM)

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

Print Name: Brian Lorentz Email: lorentz@coxinet.net

Signature: *Brian Lorentz* Title: Agent Date: 11/13/2018