

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:****12/18/2018****Document Number:****401878656****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**

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| OGCC Operator Number: <u>10539</u> | Contact Person: <u>Robert Bleil</u> |
| Company Name: <u>UTAH GAS OP LTD DBA UTAH GAS CORP</u> | Phone: <u>(720) 4250303</u> |
| Address: <u>1125 ESCALANTE DR</u> | Fax: <u>()</u> |
| City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u> | Email: <u>rbleil@utahgascorp.com</u> |

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| API #: <u>05 - 103 - 10005 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>LOWER HORSE DRAW UNIT 2193</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>35</u> Twp: <u>2S</u> Range: <u>103W</u> QtrQtr: <u>NWNW</u> | Lat: <u>39.836550</u> | Long: <u>-108.931450</u> |

NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMEDALL Corrective Actions required by field inspection document # 679701922 have been performed.Date of Completion: 12/11/2018 Site is ready for re-inspection.

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

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| Print Name: <u>Robert Bleil</u> | Email: <u>rbleil@utahgascorp.com</u> |
| Signature: _____ | Title: <u>Regulatory Mgr</u> Date: <u>12/18/2018</u> |