

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:

02/04/2019

Document Number:

401922106**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>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>michael.kraynek@crestonepr.com</u> |

| | | |
|---|---|--------------------------|
| API #: <u>05 - 123 - 46124 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>Sam 3C-25H-M166</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>25</u> Twp: <u>1N</u> Range: <u>66W</u> QtrQtr: <u>NWSW</u> | Lat: <u>40.018840</u> | Long: <u>-104.733853</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice requiredDate of Treatment: 02/09/2019 Time: 12:00 (HH:MM) Anticipated Date of Flowback: 03/19/2019**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>Lindsey Organ</u> | Email: <u>lindsey.organ@crestonepr.com</u> |
| Signature: _____ | Title: <u>Regulatory Coordinator</u> Date: <u>02/04/2019</u> |