

**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:

**03/18/2019**

Document Number:

**401975488****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: 10311Contact Person: Christopher RodriguezCompany Name: SRC ENERGY INCPhone: (970) 744-8534Address: 1675 BROADWAY SUITE 2600Fax: ( )City: DENVER State: CO Zip: 80202Email: crodriguez@srcenergy.comAPI #: 05 - 123 - 47700 - 00

Facility ID: \_\_\_\_\_

Location ID: \_\_\_\_\_

Facility Name: Bost Farm 41N-8B-L☐ Submit By Other OperatorSec: 7 Twp: 5N Range: 66W QtrQtr: SWNWLat: 40.417647 Long: -104.829012**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 04/07/2019 Time: 06:00 (HH:MM) Anticipated Date of Flowback: 06/18/2019**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: Christopher RodriguezEmail: crodriguez@srcenergy.com

Signature: \_\_\_\_\_

Title: Comp SuperintendentDate: 03/18/2019