

**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:

**06/14/2019**

Document Number:

**402075368****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 - 48765 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Echeverria 2E-2H-D267</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>2</u> Twp: <u>2N</u> Range: <u>67W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.172031</u>	Long: <u>-104.864828</u>

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

Date of Treatment: 06/18/2019 Time: 12:00 (HH:MM) Anticipated Date of Flowback: 07/21/2019

**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>06/14/2019</u>