



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: 10/21/19 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 No [dropdown]

Entity Information

OGCC Operator Number: 51760 Contact Person: Mike Lebrun Company Name: Lundvall Oil & Gas Inc Phone: (970) 539-1706 Address: P O Box 632 Fax: ( ) City: Greeley State: CO Zip: 80632 Email: dinosaurmike@comcast.net

API #: 05 - 123 - 13003 - Facility ID: 245208 Location ID: Facility Name: Lundvall #18 Submit By Other Operator Sec: 18 Twp: 5N Range: 66W QtrQtr: SWNE Lat: 40.401224 Long: -104.82034

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: Time: (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: \_\_\_\_\_

**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 # 679601638 have been performed.

Date of Completion: 10/17/2019 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 1105**

Date completed: \_\_\_\_\_

**START OF PLUGGING OPERATIONS - 48-hour notice required**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (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: Matt Larkin

Email: matt@trrsi.com

Signature: 

Title: GM/DSC

Date: 10/21/2019