

**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:****01/10/2020****Document Number:****402282203****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>5</u>                                      | Contact Person: <u>David Andrews</u>    |
| Company Name: <u>COLORADO OIL &amp; GAS CONSERVATION COMMISSION</u> | Phone: <u>(303) 894-2100 x5686</u>      |
| Address: <u>1120 LINCOLN ST SUITE 801</u>                           | Fax: <u>( )</u>                         |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>              | Email: <u>david.andrews@state.co.us</u> |

|   |  |                          |
|---|--|--------------------------|
| API #: <u>05 - 075 - 05311 - 00</u>                                 | Facility ID: _____   | Location ID: _____       |
| Facility Name: <u>STATE (OWP) 1</u>                                 | <input checked="" type="checkbox"/> Submit By Other Operator |                          |
| Sec: <u>24</u> Twp: <u>7N</u> Range: <u>52W</u> QtrQtr: <u>SWSW</u> | Lat: <u>40.555600</u>  | Long: <u>-103.140651</u> |

**OTHER**Describe: Cut 4' below grade and cap remaining surface casing on site as part of OWP operations.Date: 01/14/2020 Time: 08:00 (HH:MM)

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

|                                     |  |
|-------------------------------------|--|
| Print Name: <u>Shannon Chollett</u> | Email: <u>shannon.chollett@state.co.us</u>         |
| Signature: _____                    | Title: <u>OWP Engineer</u> Date: <u>01/10/2020</u> |