

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:
01/27/2021
Document Number:
402584382

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: 100264 Contact Person: Erin Clark
Company Name: XTO ENERGY INC Phone: (405) 5949457
Address: 110 W 7TH STREET Fax: ()
City: FORT WORTH State: TX Zip: 76102 Email: erin.k.clark@exxonmobil.com

API #: 05 - 103 - 11309 - 00 Facility ID: _____ Location ID: 335696
Facility Name: PICEANCE CREEK UNIT 297-10A10 Submit By Other Operator
Sec: 10 Twp: 2S Range: 97W QtrQtr: SESE Lat: 39.884606 Long: -108.262522

NOTICE OF WELL LIQUIDS UNLOADING – Prior Notice Required

Start Date: 02/02/2021

Check appropriate box for timing of notice below. (Only 1 box may be checked.)

48 HOUR NOTICE

OR

2 HOUR NOTICE. Start Time: _____ (HH:MM)

Is the estimated duration of the Well Liquids Unloading anticipated to last for longer than one day? Yes

If YES, describe the estimated anticipated duration of these operations:

Well liquids unloading will take place on 2/2/2021 and 2/3/2021.

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

Print Name: Erin Clark Email: erin.k.clark@exxonmobil.com

Signature: _____ Title: Regulatory Coordinator Date: 01/27/2021