

FORM

42

Rev
01/21

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:

06/01/2021

Document Number:

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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: 10694 Contact Person: Meghan Grimes
Company Name: PROVIDENCE OPERATING LLC DBA POCO OPERATING Phone: (720) 2568774
Address: 16400 DALLAS PARKWAY SUITE 400 Fax: ()
City: DALLAS State: TX Zip: 75428 Email: mgrimes@providence-energy.com

API #: 05 - 001 - 10085 - 00 Facility ID: 451641 Location ID: 451646
Facility Name: Brighton Lakes 20-17-2NBH ☒ Submit By Other Operator
Sec: 20 Twp: 1S Range: 66W QtrQtr: SESW Lat: 39.944420 Long: -104.801930

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/14/2021Time: 07:00 (HH:MM)Anticipated Date of Flowback: 07/12/2021Is the estimated duration of the Hydraulic Fracturing Treatment of this Well anticipated to last for longer than one day? Yes

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

Total time of treatment will be ~15 days.
Three wells will be zipper frac'd - notices for all three will be submitted and will contain the same information for dates and times.
API for associated wells with this operation:
05-001-10127
05-001-10084

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

Print Name: Meghan Grimes Email: mgrimes@providence-energy.com
Signature: _____ Title: Regulatory Manager Date: 06/01/2021