

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:****08/06/2021****Document Number:****402739189****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>10071</u>	Contact Person: <u>Gabriel Findlay</u>
Company Name: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(720) 440-6163</u>
Address: <u>555 17TH ST STE 3700</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>GFindlay@bonanzack.com</u>

API #: <u>05 - 123 - 09735 - 00</u>	Facility ID: <u>241944</u>	Location ID: <u>406939</u>
Facility Name: <u>UPRR 5-1</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>5</u> Twp: <u>3N</u> Range: <u>62W</u> QtrQtr: <u>SENW</u>	Lat: <u>40.256731</u>	Long: <u>-104.349817</u>

OFFSET WELL MITIGATION COMPLETED (Mitigation must be completed prior to Hydraulic Fracturing Treatment.)

This well was mitigated per Rule 308.b.(7)A.

Permitted horizontal well requiring mitigation - API # 123-43429

Appropriate documentation for mitigation has been/will be submitted.

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

Print Name: Ashley Noonan Email: regulatory@bonanzack.comSignature: _____ Title: Sr. Regulatory Analyst Date: 08/06/2021