

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:

10/11/2021

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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: 10518Contact Person: Brittany RotheCompany Name: CONFLUENCE DJ LLCPhone: (303) 994-3064Address: 1001 17TH STREET #1250Fax: (303) 226-9595City: DENVER State: CO Zip: 80202Email: brothe@confluencelp.comAPI #: 05 - 123 - 50943 - 00Facility ID: 475426Location ID: 466977Facility Name: Willow 22-14-2L☐ Submit By Other OperatorSec: 22Twp: 1NRange: 65WQtrQtr: SWSWLat: 40.030170Long: -104.655050

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 10/15/2021Time: 07:00 (HH:MM)Anticipated Date of Flowback: 01/27/2022Is 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:

Confluence intends to begin stim on the Willow 22 West location (Loc ID 466977) on the subject date/time. All 13 wells on this location (including the Willow 22-14-2L) will be hydraulically fractured during this one occupancy. The full duration of stim is expected to be from 10/15/2021 - 12/17/2021.

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

Print Name: Brittany RotheEmail: brothe@confluencelp.com

Signature: _____

Title: Engineering ManagerDate: 10/11/2021