

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:
03/13/2022
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: <u>95960</u> | Contact Person: <u>Jon Lison</u> | |
| Company Name: <u>WEXPRO COMPANY</u> | Phone: <u>(307) 3527481</u> | |
| Address: <u>P O BOX 45003</u> | Fax: <u>()</u> | |
| City: <u>SALT LAKE CITY</u> State: <u>UT</u> Zip: <u>84145-0601</u> | Email: <u>Jon.lison@dominionenergy.com</u> | |
| API #: <u>05 - 081 - 06966 - 00</u> | Facility ID: <u>223598</u> | Location ID: <u>313098</u> |
| Facility Name: <u>JACKS DRAW UNIT NO.17</u> | <input checked="" type="checkbox"/> Submit By Other Operator | |
| Sec: <u>28</u> Twp: <u>12N</u> Range: <u>97W</u> QtrQtr: <u>SWNW</u> | Lat: <u>40.972898</u> | Long: <u>-108.302834</u> |

NOTICE OF WELL LIQUIDS UNLOADING – Prior Notice Required

Start Date: 03/15/2022

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? No

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

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

Print Name: Jon Lison Email: Jon.lison@dominionenergy.com
Signature: _____ Title: Production Supervisor Date: 03/13/2022