

**FORM****42**Rev  
03/15**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:

**04/21/2015**

Document Number:

**400828722****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: 100322Contact Person: Colby HortonCompany Name: NOBLE ENERGY INCPhone: (970) 396-2532Address: 1625 BROADWAY STE 2200Fax: ( )City: DENVER State: CO Zip: 80202Email: colby.horton@nblenergy.comAPI #: 05 - 123 - 39878 - 00

Facility ID: \_\_\_\_\_

Location ID: \_\_\_\_\_

Facility Name: Tripucka State LD02-74-1AHN☐ Submit By Other OperatorSec: 2 Twp: 9N Range: 58W QtrQtr: SWSELat: 40.775010 Long: -103.828720**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 04/24/2015 Time: 00:00 (HH:MM) Anticipated Date of Flowback: 04/30/2015**FOR GAS WELLS ONLY:**

- ☐ This well is a Gas Well, anticipated to have a Gas-to-Oil Ratio (GOR) equal to or greater than 15,000 scf/bbl.
- ☐ This Form 42 is submitted to satisfy notification requirements under NSPS OOOO, 40 C.F.R. Part 60, &60.5420(a)(2)(i).

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

Print Name: Colby HortonEmail: colby.horton@nblenergy.com

Signature: \_\_\_\_\_

Title: Stimulation ManagerDate: 04/21/2015