

**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:****05/29/2015****Document Number:****400846075****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>19160</u>                           | Contact Person: <u>Dollie Busse</u>             |
| Company Name: <u>CONOCO PHILLIPS COMPANY</u>                 | Phone: <u>(505) 324-6104</u>                    |
| Address: <u>P O BOX 2197</u>                                 | Fax: <u>(505) 599-4062</u>                      |
| City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77252-2197</u> | Email: <u>Dollie.L.Busse@conocophillips.com</u> |

|  |   |                          |
|--|---|--------------------------|
| API #: <u>05 - 067 - 08691 - 00</u>                                  | Facility ID: _____                                | Location ID: _____       |
| Facility Name: <u>ARGENTA 34-10 31-1</u>                             | <input type="checkbox"/> Submit By Other Operator |                          |
| Sec: <u>31</u> Twp: <u>34N</u> Range: <u>10W</u> QtrQtr: <u>SWNW</u> | Lat: <u>37.150440</u>                             | Long: <u>-107.980100</u> |

**BRADENHEAD TEST – 48-hour Notice**Test Date: 06/02/2015 Time: 08:30 (HH:MM)

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

|                                 |   |
|---------------------------------|---|
| Print Name: <u>Dollie Busse</u> | Email: <u>Dollie.L.Busse@conocophillips.com</u>             |
| Signature: _____                | Title: <u>Staff Regulatory Tech</u> Date: <u>05/29/2015</u> |