

**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:****07/06/2015****Document Number:****400863230****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>26580</u>                         | Contact Person: <u>Jesse Rangel</u>           |
| Company Name: <u>BURLINGTON RESOURCES OIL &amp; GAS LP</u> | Phone: <u>(505) 787-6076</u>                  |
| Address: <u>PO BOX 4289</u>                                | Fax: <u>( )</u>                               |
| City: <u>FARMINGTON</u> State: <u>NM</u> Zip: <u>87499</u> | Email: <u>Jesse.Rangel@conocophillips.com</u> |

|  |   |                          |
|--|---|--------------------------|
| API #: <u>05 - 067 - 07954 - 00</u>                                  | Facility ID: _____                                | Location ID: _____       |
| Facility Name: <u>UTE 1AR</u>  | <input type="checkbox"/> Submit By Other Operator |                          |
| Sec: <u>13</u> Twp: <u>32N</u> Range: <u>11W</u> QtrQtr: <u>NESW</u> | Lat: <u>37.015570</u>                             | Long: <u>-107.996070</u> |

**BRADENHEAD TEST – 48-hour Notice**Test Date: 07/08/2015 Time: 01:00 (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 L. Busse</u> | Email: <u>dollie.l.busse@cop.com</u>                        |
| Signature: _____                   | Title: <u>Staff Regulatory Tech</u> Date: <u>07/06/2015</u> |