

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:****05/03/2017****Document Number:****401273476****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>69175</u>	Contact Person: <u>Kelsi Welch</u>
Company Name: <u>PDC ENERGY INC</u>	Phone: <u>(303) 831-3974</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>kelsi.welch@pdce.com</u>

API #: <u>05 - 123 - 21142 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>WELLS RANCH 14-33</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>33</u> Twp: <u>6N</u> Range: <u>63W</u> QtrQtr: <u>SWSW</u>	Lat: <u>40.437860</u>	Long: <u>-104.448750</u>

OFFSET MITIGATION COMPLETEDThis well was mitigated per the Horizontal Offset Policy. Permitted horizontal well requiring mitigation - API # 123-43871

Appropriate documentation for mitigation has been/will be submitted.

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

Print Name: <u>Kelsi Welch</u>	Email: <u>kelsi.welch@pdce.com</u>
Signature: _____	Title: _____ Date: <u>05/03/2017</u>