

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:****09/11/2017****Document Number:****401399244****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**

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|------------------------------------------------------------|-------------------------------------------------------|
| OGCC Operator Number: <u>26580</u> | Contact Person: <u>Richard Perez</u> |
| Company Name: <u>BURLINGTON RESOURCES OIL & GAS LP</u> | Phone: <u>(713) 482-3009</u> |
| Address: <u>PO BOX 4289</u> | Fax: <u>()</u> |
| City: <u>FARMINGTON</u> State: <u>NM</u> Zip: <u>87499</u> | Email: <u>HelmerichandPayne448@conocophillips.com</u> |

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|--------------------------------------------------------------------|---------------------------------------------------|--------------------------|
| API #: <u>05 - 005 - 07231 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>Tiberius 4-64 8-7 4CH</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>8</u> Twp: <u>4S</u> Range: <u>64W</u> QtrQtr: <u>SESE</u> | Lat: <u>39.711756</u> | Long: <u>-104.565958</u> |

OTHERDescribe: MIRUDate: 09/13/2017 Time: 07:00 (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>Jennifer Dixon</u> | Email: <u>jennifer.a.dixon@cop.com</u> |
| Signature: _____ | Title: <u>Regulatory Coordinator</u> Date: <u>09/11/2017</u> |