

**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:****11/17/2017****Document Number:****401462574****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>Jennifer Dixon</u>
Company Name: <u>CONOCO PHILLIPS COMPANY</u>	Phone: <u>(832) 486-3345</u>
Address: <u>P O BOX 2197</u>	Fax: <u>( )</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77252-2197</u>	Email: <u>jennifer.a.dixon@cop.com</u>

API #: <u>05 - 005 - 07295 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>State Bierstadt 4-65 35-34 1DH</u>		<input type="checkbox"/> Submit By Other Operator
Sec: <u>35</u>	Twp: <u>4S</u>	Range: <u>65W</u> QtrQtr: <u>NENE</u> Lat: <u>39.663886</u> Long: <u>-104.624592</u>

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 11/20/2017 Time: 07:00 (HH:MM) Anticipated Date of Flowback: 12/04/2017**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: <u>Jennifer Dixon</u>	Email: <u>jennifer.a.dixon@cop.com</u>
Signature: _____	Title: <u>Regulatory Coordinator</u> Date: <u>11/17/2017</u>