

**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:

**04/01/2018**

Document Number:

**401593330****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>10456</u>                     | Contact Person: <u>Natalie Pivik</u>     |
| Company Name: <u>CAERUS PICEANCE LLC</u>               | Phone: <u>(720) 505-6080</u>             |
| Address: <u>1001 17TH STREET #1600</u>                 | Fax: <u>( )</u>                          |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>npivik@caerusoilandgas.com</u> |

|   |   |                          |
|---|---|--------------------------|
| API #: <u>05 - 045 - 23389 - 00</u>                                 | Facility ID: _____                                | Location ID: _____       |
| Facility Name: <u>Puckett 15A-23 697</u>                            | <input type="checkbox"/> Submit By Other Operator |                          |
| Sec: <u>23</u> Twp: <u>6S</u> Range: <u>97W</u> QtrQtr: <u>SESW</u> | Lat: <u>39.503103</u>                             | Long: <u>-108.187967</u> |

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 04/03/2018 Time: 06:00 (HH:MM) Anticipated Date of Flowback: 04/03/2018**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>Natalie Pivik</u> | Email: <u>npivik@caerusoilandgas.com</u>                  |
| Signature: _____                 | Title: <u>Completion Engineer</u> Date: <u>04/01/2018</u> |