

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:****04/02/2018****Document Number:****401594373****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>Charlie Cameron</u>
Company Name: <u>CONOCO PHILLIPS COMPANY</u>	Phone: <u>(601) 498-8904</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>CentralRockiesCompletions3@conocophillips.com</u>

API #: <u>05 - 005 - 07259 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>State La Plata 5-65 13-15 3DH</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>13</u> Twp: <u>5S</u> Range: <u>65W</u> QtrQtr: <u>SESW</u>	Lat: <u>39.612886</u>	Long: <u>-104.616661</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice requiredDate of Treatment: 04/05/2018 Time: 07:00 (HH:MM) Anticipated Date of Flowback: 04/16/2018**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: Jennifer Dixon Email: jennifer.a.dixon@cop.comSignature: _____ Title: Regulatory Coordinator Date: 04/02/2018