

**FORM****42**Rev  
01/21**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:****08/17/2022****Document Number:****403139484****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 YES**Entity Information**OGCC Operator Number: 51130Contact Person: Rees ArnimCompany Name: LOCIN OIL CORPORATIONPhone: (713) 469-0275Address: 600 TRAVIS ST STE 6161Fax: ( )City: HOUSTON State: TX Zip: 77002Email: rarnim@locin.energyAPI #: 05 - 103 - 09543 - 00Facility ID: 231872Location ID: 315992Facility Name: S W RANGELY FED 6-8-1-2☐ Submit By Other OperatorSec: 8Twp: 1SRange: 102WQtrQtr: SENWLat: 39.976433 Long: -108.867333**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**Date of Treatment: 09/02/2022Time: 08:00 (HH:MM)Anticipated Date of Flowback: 09/02/2022Is the estimated duration of the Hydraulic Fracturing Treatment of this Well anticipated to last for longer than one day? No

If YES, describe the estimated anticipated duration of these operations:

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

Print Name: Melanie AdamsEmail: meladams@tcolandservices.com

Signature: \_\_\_\_\_

Title: TCO Compliance MgrDate: 08/17/2022