

FORM  
42  
Rev  
01/21

State of Colorado  
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION  
Receive Date:  
**09/30/2023**  
Document Number:  
**403546670**

**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: <u>      10774      </u>	Contact Person: <u>      Brent Dullack      </u>	
Company Name: <u>      SUMMIT OIL &amp; GAS LLC      </u>	Phone: <u>      (303) 653-4407      </u>	
Address: <u>      PO BOX 983038      </u>	Fax: <u>      (    )      </u>	
City: <u>      PARK CITY      </u> State: <u>      UT      </u> Zip: <u>      84098      </u>	Email: <u>      bd@s-companies.com      </u>	
API #: <u>      05 - 123 - 05446 - 00      </u>	Facility ID: <u>      238584      </u>	Location ID: <u>      405120      </u>
Facility Name: <u>      O E DOTY 1      </u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>      2      </u> Twp: <u>      7N      </u> Range: <u>      59W      </u> QtrQtr: <u>      NWNW      </u>	Lat: <u>      40.610149      </u>	Long: <u>      -103.952719      </u>

**OFFSET WELL MITIGATION COMPLETED** (Mitigation must be completed prior to Hydraulic Fracturing Treatment.)

This well was mitigated per Rule 308.b.(7)A.  
Permitted horizontal well requiring mitigation - API #       123-50604        
Appropriate documentation for mitigation has been/will be submitted.

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

Print Name:       Brent Dullack       Email:       bd@s-companies.com        
Signature: \_\_\_\_\_ Title:       Contractor       Date:       09/30/2023