

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:  
**06/30/2022**  
Document Number:  
**403094270**

**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: 100382 Contact Person: Shannon Chollett  
Company Name: CANFIELD DRILLING COMPANY Phone: (970) 250-0130  
Address: BOX 453 Fax: ( )  
City: FT MORGAN State: CO Zip:  Email: shannon.chollett@state.co.us

API #: 05 - 077 - 10548 - 00 Facility ID: 453363 Location ID: 453364  
Facility Name: Canfield (OWP) 1  Submit By Other Operator  
Sec: 17 Twp: 8S Range: 97W QtrQtr: SENW Lat: 39.360293 Long: -108.245882

**NOTICE OF MOVE-IN, RIG-UP**

Start Date: 07/11/2022 Time: 08:00 (HH:MM)

Select the type of rig below. (Only 1 box may be checked)

- Drilling Rig (Spud Rig) – 2 Business Days Notice
- Drilling Rig – 2 Business Days Notice
- Work-Over Rig, Planned Operations – 2 Business Days Notice
- Work-Over Rig, Unplanned Operations – notify within 1 Business Day after start

Is the estimated duration of operations with this rig on this Location anticipated to last for longer than one day? Yes

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

Part of a larger OWP Plugging Project.

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

Print Name: Shannon Chollett Email: shannon.chollett@state.co.us  
Signature: \_\_\_\_\_ Title: OWP West Supervisor Date: 06/30/2022