

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:  
**07/19/2022**  
Document Number:  
**403109592**

**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: 10454 Contact Person: Cal St. John  
Company Name: PETROSHARE CORPORATION Phone: (720) 545-5624  
Address: 9635 MAROON CIRCLE #400 Fax: ( )  
City: ENGLEWOOD State: CO Zip: 80112 Email: cal.stjohn@state.co

API #: 05 - 001 - 08480 - 00 Facility ID: 203074 Location ID: 320214  
Facility Name: UPRR KALCEVIC (OWP) 33-3  Submit By Other Operator  
Sec: 3 Twp: 2S Range: 63W QtrQtr: NWSE Lat: 39.903050 Long: -104.421000

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

Start Date: 07/19/2022 Time: 13:00 (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:

5-7 Days. OWP plugging operations.

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

Print Name: Cal St. John Email: cal.stjohn@state.co.us  
Signature: \_\_\_\_\_ Title: OWP Field Specialist Date: 07/19/2022