

**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:

**08/27/2022**

Document Number:

**403148925****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>10254</u>	Contact Person: <u>Shannon Chollett</u>
Company Name: <u>RED MESA HOLDINGS/O&amp;G LLC</u>	Phone: <u>(970) 250-0130</u>
Address: <u>5619 DTC PARKWAY - STE 800</u>	Fax: <u>( )</u>
City: <u>GREENWOOD VILLAGE</u> State: <u>CO</u> Zip: <u>80111</u>	Email: <u>shannon.chollett@state.co.us</u>

API #: <u>05 - 067 - 06242 - 00</u>	Facility ID: <u>214638</u>	Location ID: <u>325362</u>
Facility Name: <u>COMPTON (OWP) 2</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>21</u> Twp: <u>33N</u> Range: <u>12W</u> QtrQtr: <u>SWNE</u>	Lat: <u>37.090220</u>	Long: <u>-108.151730</u>

**START OF PLUGGING OPERATIONS - 48-hour notice required**Date: 09/08/2022 Time: 07:00 (HH:MM)Is the estimated duration of the Plugging Operations for this Well anticipated to last for longer than one day? Yes

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

This is part of a larger OWP Project.

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

Print Name: <u>Shannon Chollett</u>	Email: <u>shannon.chollett@state.co.us</u>
Signature: _____	Title: <u>OWP West Supervisor</u> Date: <u>08/27/2022</u>